Washington MONTHLY

Anybody but Bayh

BEST CARE ANYWHERE

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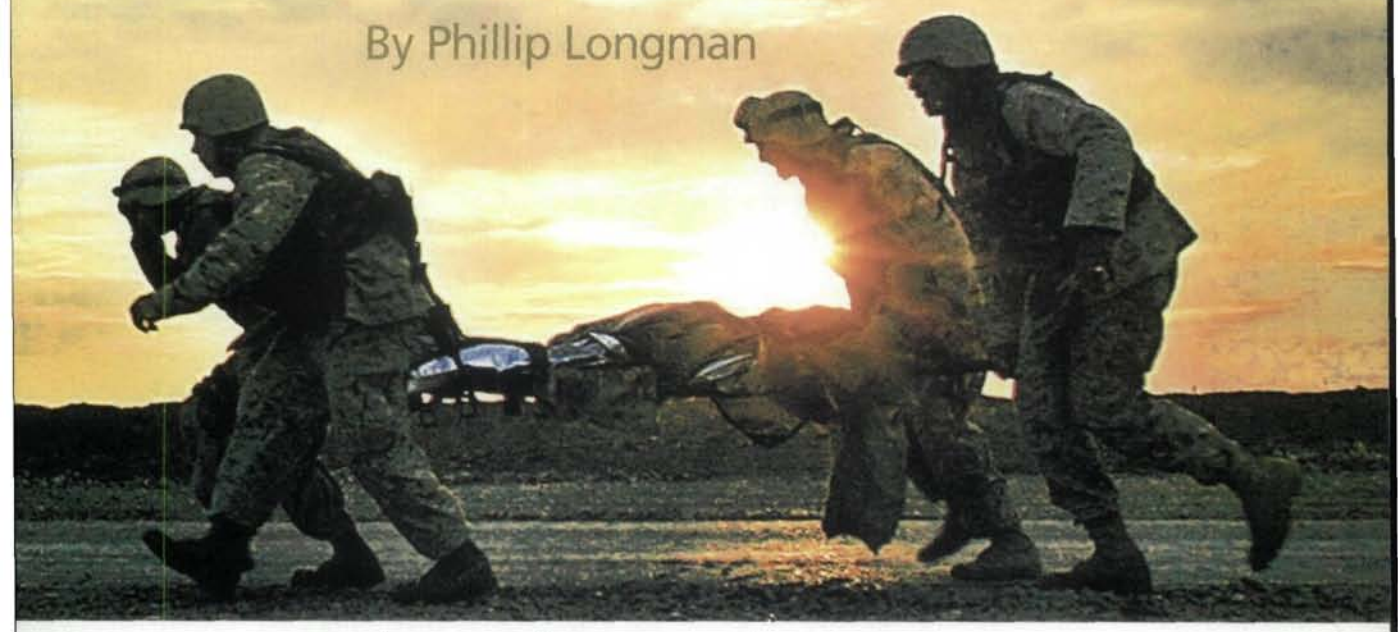
By Phillip Longman



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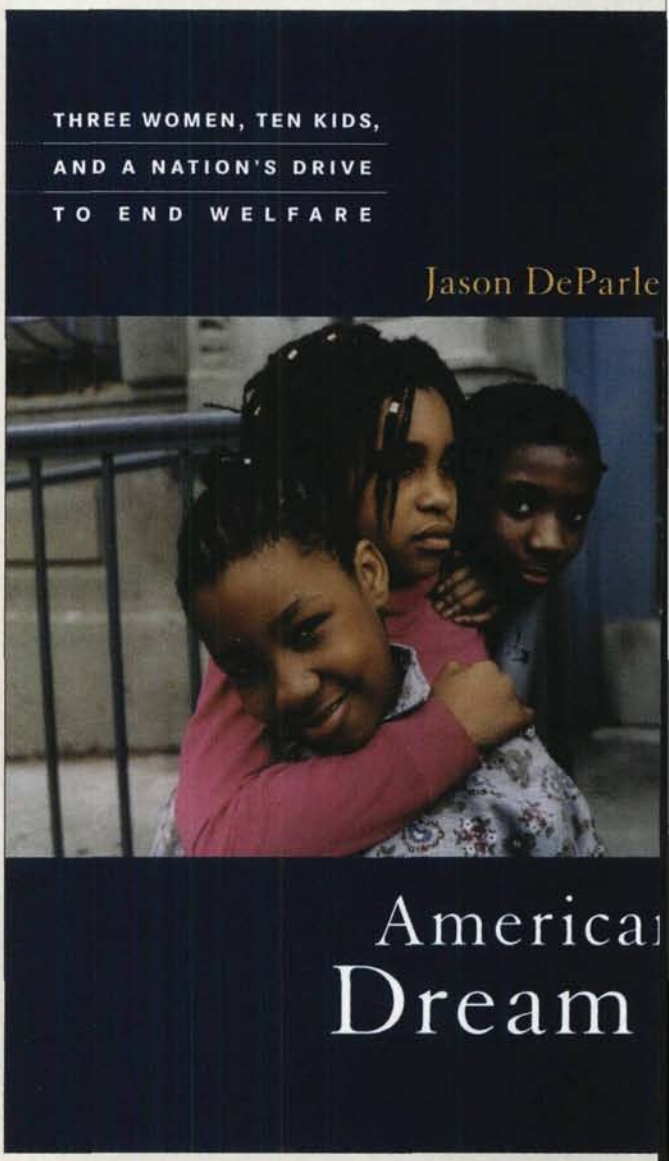

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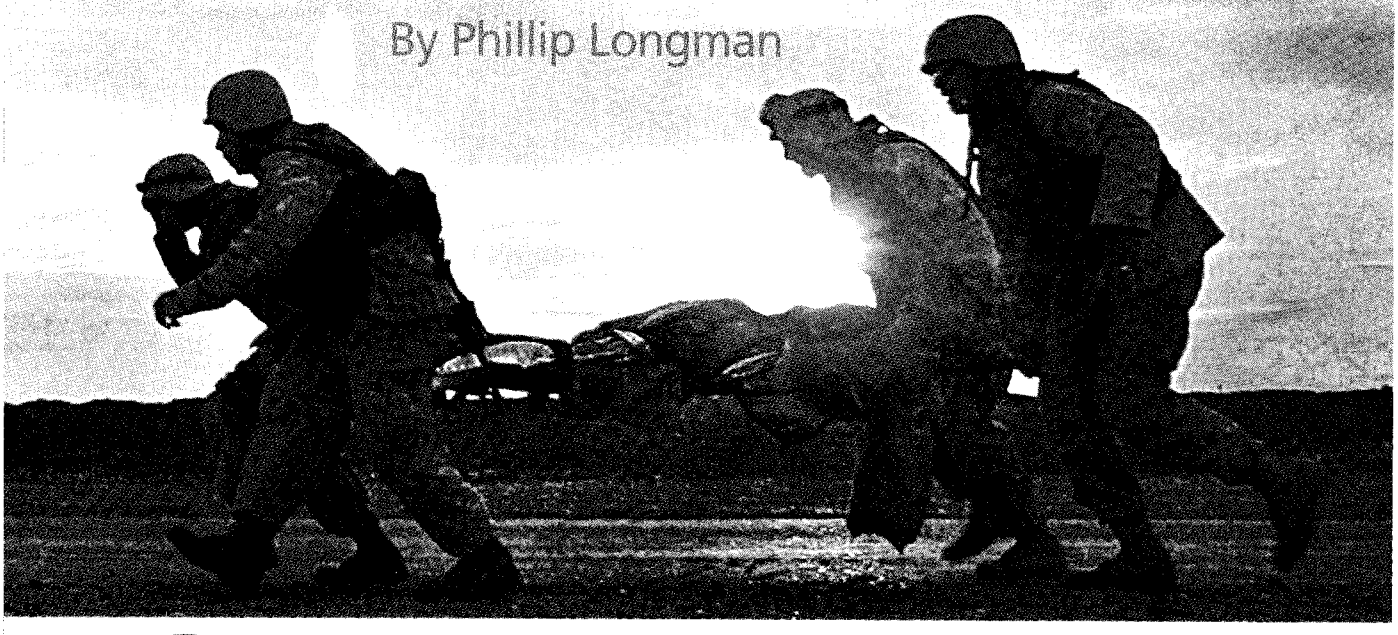

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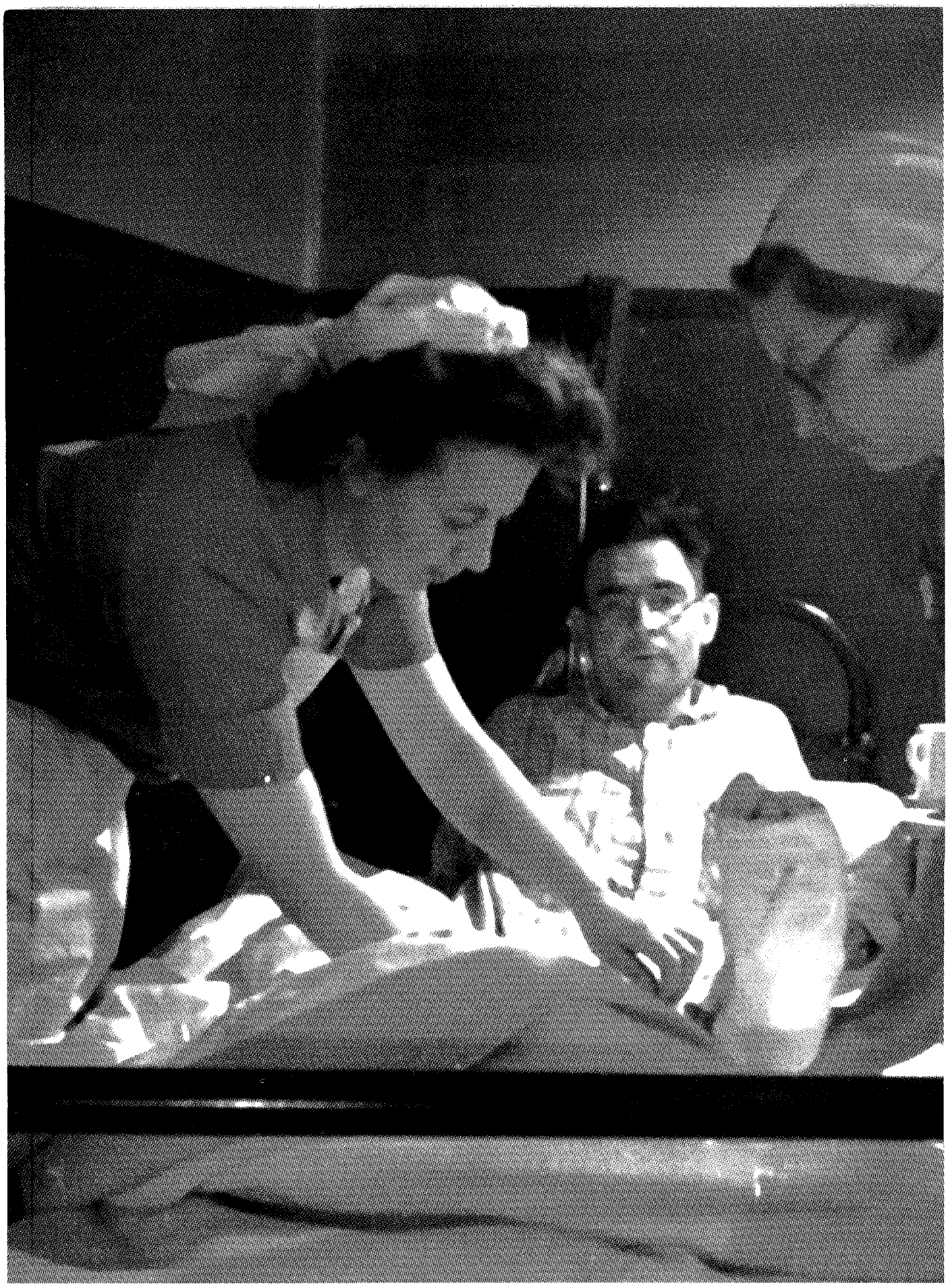

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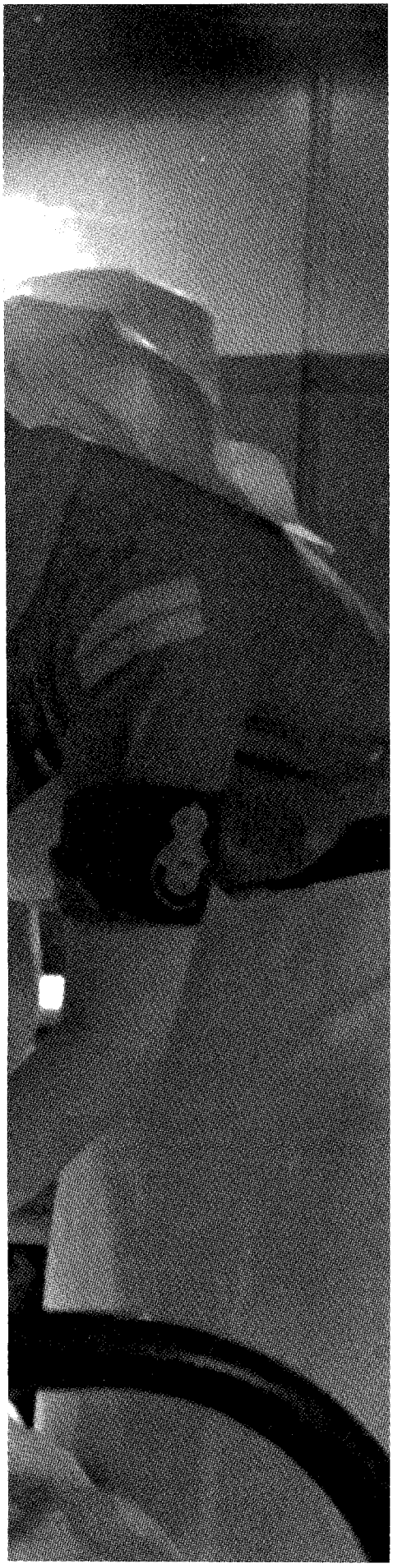

The Best Care Anywhere

Ten years ago, veterans hospitals were dangerous, dirty, and scandal-ridden. Today, they're producing the highest quality care in the country. Their turnaround points the way toward solving America's health-care crisis.

By Phillip Longman

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Quick. When you read "veterans hospital," what comes to mind? Maybe you recall the headlines from a dozen years ago about the three decomposed bodies found near a veterans medical center in Salem, Va. Two turned out to be the remains of patients who had wandered off months before. The other body had been resting in place for more than 15 years. The Veterans Health Administration (VHA) admitted that its search for the missing patients had been "cursory."

Or maybe you recall images from movies like *Born on the Fourth of July*, in which Tom Cruise plays a wounded Vietnam vet who becomes radicalized by his shabby treatment in a crumbling, rat-infested veterans hospital in the Bronx. Sample dialogue: "This place is a fuckin' slum!"

By the mid-1990s, the reputation of veterans hospitals had sunk so low that conservatives routinely used their example as a kind of *reductio ad absurdum* critique of any move toward "socialized medicine." Here, for instance, is Jarret B. Wollstein, a right-wing activist/author, railing against the Clinton health-care plan in 1994: "To see the future of health care in America for you and your children under Clinton's plan," Wollstein warned, "just visit any Veterans Administration hospital. You'll find filthy conditions, shortages of everything, and treatment bordering on barbarism."

And so it goes today. If the debate is over health-care reform, it won't be long before some free-market conservative will jump up and say that the sorry shape of the nation's veterans hospitals just proves what happens when government gets into the health-care business. And if he's a true believer, he'll then probably go on to suggest, quoting William Safire and other free marketers, that the government should just shut down the whole miserable system and provide veterans with health-care vouchers.

Yet here's a curious fact that few conservatives or liberals know. Who do you think receives higher-quality health care. Medicare patients who are free to pick their own doctors and specialists? Or aging veterans stuck in those presumably filthy VA hospitals with their antiquated equipment, uncaring administrators, and incompetent staff? An answer came in 2003, when the prestigious *New England Journal of Medicine* published a study that compared veterans health facilities on 11 measures of quality with fee-for-service Medicare. On all 11 measures, the quality of care in veterans facilities proved to be "significantly better."

Here's another curious fact. *The Annals of Internal Medicine* recently published a study that compared veterans health facilities with commercial managed-care systems in their treatment of diabetes patients. In seven out of seven measures of quality, the VA provided better care.

It gets stranger. Pushed by large employers who are eager to know what they are buying when they purchase health care for their employees, an outfit called the National Committee for Quality Assurance today ranks health-care plans on 17 different performance measures. These include how well the plans manage high blood pressure or how precisely they adhere to standard protocols of evidence-based medicine such as prescribing beta blockers for patients recovering from a heart attack. Winning NCQA's seal of approval is the gold standard in the health-care industry. And who do you suppose this year's winner is: Johns Hopkins? Mayo Clinic? Massachusetts General? Nope. In every single category, the VHA system outperforms the highest rated non-VHA hospitals.

Not convinced? Consider what vets themselves think. Sure, it's not hard to find vets who complain about difficulties in establishing eligibility. Many are outraged that the Bush administration has decided to deny previously promised health-care benefits to veterans who don't have service-related illnesses or who can't meet a strict means test. Yet these grievances are about access to the system, not about the quality of care received by those who get in. Veterans groups tenaciously defend the VHA and applaud its turnaround. "The quality of care is outstanding," says Peter Gayton, deputy director for veterans affairs and rehabilitation at the American Legion. In the latest independent survey, 81 percent of VHA hospital patients express satisfaction with the care they receive, compared to 77 percent of Medicare and Medicaid patients.

Outside experts agree that the VHA has become an industry leader in its safety and quality measures. Dr. Donald M. Berwick, president of the Institute for Health Care Improvement and one of the nation's top health-care quality experts, praises the VHA's information technology as "spectacular." The venerable Institute of Medicine notes that the VHA's "integrated health information system, including its framework for using performance measures to improve quality, is considered one of the best in the nation."

If this gives you cognitive dissonance, it should. The story of how and why the VHA became the benchmark for quality medicine in the United States suggests that much of what we think we know about health care and medical economics is just wrong. It's natural to believe that more competition and consumer choice in health care would lead to greater quality and lower costs, because in almost every other realm, it does. That's why the Bush administration—which has been promoting greater use of information technology and other quality improvement in health care—also

Phillip Longman, a Schwartz senior fellow at the New America Foundation, is the author of *The Empty Cradle*; Basic Books, 2004.

Photo on previous page: Nurses inspect a WWII gunner's wounded leg in March 1943. Getty Images

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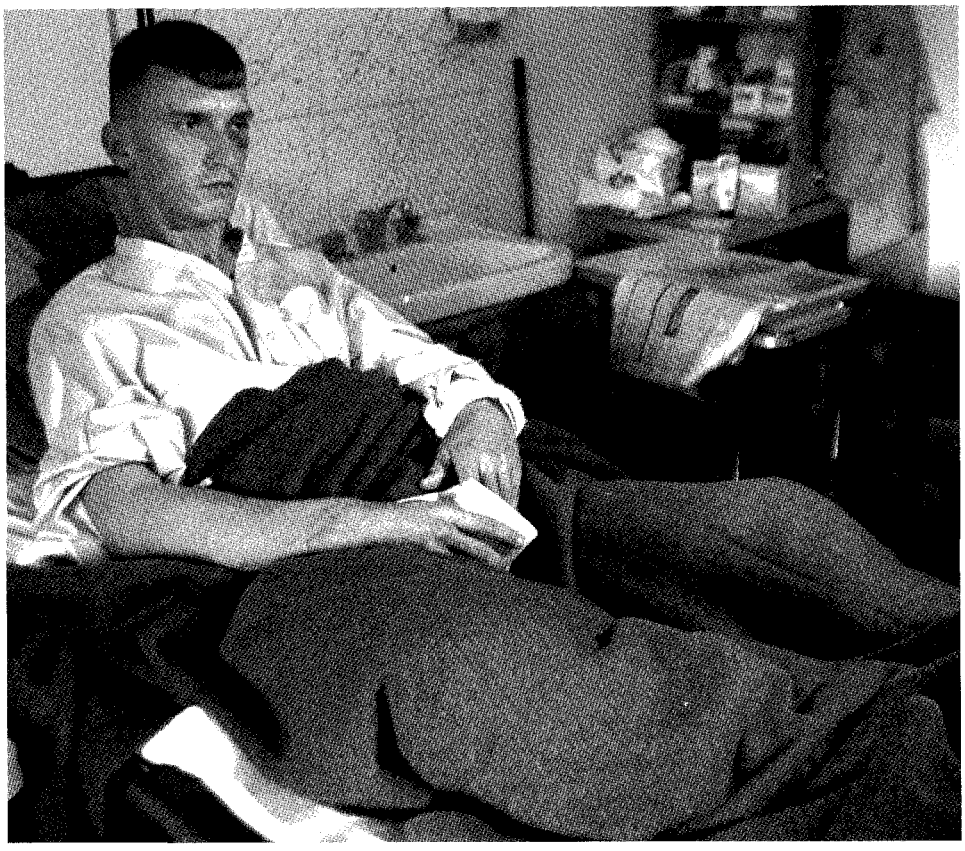
wants to give individuals new tax-free "health savings accounts" and high-deductible insurance plans. Together, these measures are supposed to encourage patients to do more comparison shopping and haggling with their doctors; therefore, they create more market discipline in the system.

But when it comes to health care, it's a government bureaucracy that's setting the standard for maintaining best practices while reducing costs, and it's the private sector that's lagging in quality. That unexpected reality needs examining if we're to have any hope of understanding what's wrong with America's health-care system and how to fix it. It turns out that precisely because the VHA is a big, government-run system that has nearly a lifetime relationship with its patients, it has incentives for investing in quality and keeping its patients well—incentives that are lacking in for-profit medicine.



U.S. soldier Bryan Browder recovers from injuries after an explosive device attack in the Iraqi city of Tikrit. Now receiving care in an army hospital in Baghdad, Browder will enter the VA's health-care system for life once he leaves the service.

Getty Images

Hitting bottom

By the mid-1990s, the veterans health-care system was in deep crisis. A quarter of its hospital beds were empty. Government audits showed that many VHA surgeons had gone a year without picking up a scalpel. The population of veterans was falling sharply, as aging World War II and Korean War vets began to pass away. At the same time, a mass migration of veterans from the Snowbelt to the Sunbelt overwhelmed hospitals in places such as Tampa with new patients, while those in places such as Pittsburgh had wards of empty beds.

Serious voices called for simply dismantling the VA system. Richard Cogan, a senior fellow at the Center on Budget and Policy Priorities in Washington, told *The New York Times* in 1994: "The real question is whether there should be a veterans health care system at all." At a time when the other health-care systems were expanding outpatient clinics, the VHA still required hospital stays for routine operations like cataract surgery. A patient couldn't even receive a pair of crutches without checking in. Its management system was so ossified and top-down that permission for such trivial expenditures as $9.82 for a computer cable had to be approved in Washington at the highest levels of the bureaucracy.

Yet few politicians dared to go up against the powerful veterans lobby, or against the many unions that represented much of the VHA's workforce. Instead, members of Congress fought to have new veterans hospitals built in their districts, or to keep old ones from being shuttered. Three weeks before the 1996 presidential election, in part to keep pace with Bob Dole's promises to veterans, President Clinton signed a bill that planned, as he put it, to "furnish comprehensive medical services to all veterans," regardless of their income or whether they had service-related disabilities.

So, it may have been politics as usual that kept the floundering veterans health-care system going. Yet behind the scenes, a few key players within the VHA had begun to look at ways in which the system might heal itself. Chief among them was Kenneth W. Kizer, who in 1994 had become VHA's undersecretary for health, or, in effect, the system's CEO.

A physician trained in emergency medicine and public health, Kizer was an outsider who immediately started upending the VHA's entrenched bureaucracy. He oversaw a radical downsizing and decentralization of management power, implemented pay-for-performance contracts with top executives, and won the right to fire incompetent doctors. He and his team also began to transform the VHA from an acute care, hospital-based system into one that put far more resources into primary care and outpatient services for the growing number of aging veterans beset by chronic conditions.

By 1998, Kizer's shake-up of the VHA's operating system was already earning him management guru status in an era in which management gurus were practically demigods. His story appeared that year in a book titled *Straight from the*

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CEO: The World's Top Business Leaders Reveal Ideas That Every Manager Can Use published by Price Waterhouse and Simon & Schuster. Yet the most dramatic transformation of the VHA didn't just involve such trendy, 1990s ideas as downsizing and reengineering. It also involved an obsession with systematically improving quality and safety that to this day is still largely lacking throughout the rest of the private health-care system.

America's worst hospitals

To understand the larger lessons of the VHA's turnaround, it's necessary to pause for a moment to think about what comprises quality health care. The first criterion likely to come to mind is the presence of doctors who are highly trained, committed professionals. They should know a lot about biochemistry, anatomy, cellular and molecular immunology, and other details about how the human body works—and have the academic credentials to prove it. As it happens, the VHA has long had many doctors who answer to that description. Indeed, most VHA doctors have faculty appointments with academic hospitals.

But when you get seriously sick, it's not just one doctor who will be involved in your care. These days, chances are you'll see many doctors, including different specialists. Therefore, how well these doctors communicate with one another and work as a team matters a lot. "Forgetfulness is such a constant problem in the system," says Berwick of the Institute for Health Care Improvement. "It doesn't remember you. Doesn't remember that you were here and here and then there. It doesn't remember your story."

Are all your doctors working from the same medical record and making entries that are clearly legible? Do they have a reliable system to ensure that no doctor will prescribe drugs that will interact harmfully with medications prescribed by another doctor? Is any one of them going to take responsibility for coordinating your care so that, for example, you don't leave the hospital without the right follow-up medication or knowing how and when to take it? Just about anyone who's had a serious illness, or tried to be an advocate for a sick loved one, knows that all too often the answer is no.

Doctors aren't the only ones who define the quality of your health care. There are also many other people involved—nurses, pharmacists, lab technicians, orderlies, even custodians. Any one of these people could kill you if they were to do their jobs wrong. Even a job as lowly as changing a bedpan, if not done right, can spread a deadly infection throughout a hospital. Each of these people is part of an overall system of care, and if the system lacks cohesion and quality control, many people will be injured and many will die.

Just how many? In 1999, the Institute of Medicine issued a groundbreaking study, titled *To Err is Human*, that still haunts health care professionals. It found that up to 98,000 people die of medical errors in American hospitals each year. This means that as many as 4 percent of all deaths in the United States are caused by such lapses as improperly filled or administered prescription drugs—a death toll that exceeds that of AIDS, breast cancer, or even motor vehicle accidents.

Since then, a cavalcade of studies have documented how a lack of systematic attention not only to medical errors but to appropriate treatment has made putting yourself into a doctor's or hospital's care extraordinarily risky. The practice of medicine in the United States, it turns out, is only loosely based on any scientifically driven standards. The most recent and persuasive evidence came from study by Dartmouth Medical School published last October in *Health Affairs*. It found that even among the "best hospitals," as rated by *U.S. News & World Report*, Medicare patients with the same conditions receive strikingly different patterns and intensities of care from one another, with no measurable difference in their wellbeing.

For example, among patients facing their last six months of life, those who are checked into New York's renowned Mount Sinai Medical Center will receive an average of 53.9 visits from physicians, while those who are checked into Duke University Medical Center will receive only 20.9. Yet all those extra doctors' visits at Mount Sinai bring no gain in life expectancy, just more medical bills. By that measure of quality, many of the country's most highly rated hospitals are actually its shoddiest.

Worse, even when strong scientific consensus emerges about appropriate protocols and treatments, the health-care industry is extremely slow to implement them. For example, there is little controversy over the best way to treat diabetes; it starts with keeping close track of a patient's blood sugar levels. Yet if you have diabetes, your chances are only one-out-four that your health care system will actually monitor your blood sugar levels or teach you how to do it. According to a recent RAND Corp. study, this oversight causes an estimated 2,600 diabetics to go blind every year, and anther 29,000 to experience kidney failure.

All told, according to the same RAND study, Americans receive appropriate care from their doctors only about half of the time. The results are deadly. On top of the 98,000 killed by medical errors, another 126,000 die from their doctor's failure to observe evidence-based protocols for just four common conditions: hypertension, heart attacks, pneumonia, and colorectal cancer.

Now, you might ask, what's so hard about preventing these kinds of fatal lapses in health care? The airline industry, after all, also requires lots of complicated teamwork and potentially dangerous technology, but it doesn't wind up killing hundreds of thousands of its customers each year. Indeed, airlines, even when in bankruptcy, continuously improve their safety records. By contrast, the death toll from medical errors alone is equivalent to a fully loaded jumbo-jet crashing each day.

Laptop medicine

Why doesn't this change? Well, much of it has changed in the veterans health-care system, where advanced information technology today serves not only to deeply reduce medical errors, but also to improve diagnoses and implement coordinated, evidence-based care. Or at least so I kept

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WW II veteran Nicholas Zillas marches in a Veteran's Day parade, November 11, 2004 in New York. There are approximately 25 million living U.S. veterans served by the VA today, with about 142,000 U.S. troops currently serving in Iraq.

Getty Images

reading in the professional literature on health-care quality in the United States. I arranged to visit the VA Medical Center in Washington, D.C. to see what all these experts were so excited about.

The complex' main building is a sprawling, imposing structure located three miles north of the Capitol building. When it was built in 1972, it was in the heart of Washington's ghetto, a neighborhood dangerous enough though one nurse I spoke with remembered having to lock her car doors and drive as fast as she could down Irving Street when she went home at night.

Today, the surrounding area is rapidly gentrifying. And the medical center has evolved, too. Certain sights, to be sure, remind you of how alive the past still is here. In its nursing home facility, there are still a few veterans of World War I. Standing outside of the hospital's main entrance, I was moved by the sight of two elderly gentlemen, both standing at near attention, and sporting neatly pressed Veterans of Foreign Wars dress caps with MIA/POW insignias. One turned out to be a survivor of the Bataan Death March.

But while history is everywhere in this hospital, it is also among the most advanced, modern health-care facilities in the globe—a place that hosts an average of four visiting foreign delegations a week. The hospital has a spacious generic lobby with a food court, ATM machines, and a gift shop. But once you are in the wards, you notice something very different: doctors and nurses wheeling bed tables with wireless laptops attached down the corridors. How does this change the practice of medicine? Opening up his laptop, Dr. Ross Fletcher, an avuncular, white-haired cardiologist who led the hospital's adoption of information technology, begins a demonstration.

With a key stroke, Dr. Fletcher pulls up the medical records for one of his current patients—an 87-year-old veteran living in Montgomery County, Md. Normally, sharing such records with a reporter or anyone else would, of course, be highly unethical and illegal, but the patient, Dr. Fletcher explains, has given him permission.

Soon it becomes obvious why this patient feels that getting the word out about the VHA's information technology is important. Up pops a chart showing a daily record of his weight as it has fluctuated over a several-month period. The data for this chart, Dr. Fletcher explains, flows automatically from a special scale the patient uses in his home that sends a wireless signal to a modem.

Why is the chart important? Because it played a key role, Fletcher explains, in helping him to make a difficult diagnosis. While recovering from Lyme Disease and a hip fracture, the patient began periodically complaining of shortness of breath. Chest X-rays were ambiguous and confusing. They showed something amiss in one lung, but not the other, suggesting possible lung cancer. But Dr. Fletcher says he avoided having to chase down that possibility when he noticed a pattern jumping out of the graph generated from the patient's scale at home.

The chart clearly showed that the patient gained weight around the time he experienced shortness of breath. This pattern, along with the record of the hip fracture, helped Dr. Fletcher to form a hypothesis that turned out to be accurate. A buildup of fluid in the patient's lung was causing him to gain weight. The fluid gathered only in one lung because the patient was consistently sleeping on one side to cope with the pain from his hip fracture. The fluid in the lung indicated that the patient was in immediate need of treatment for conges-

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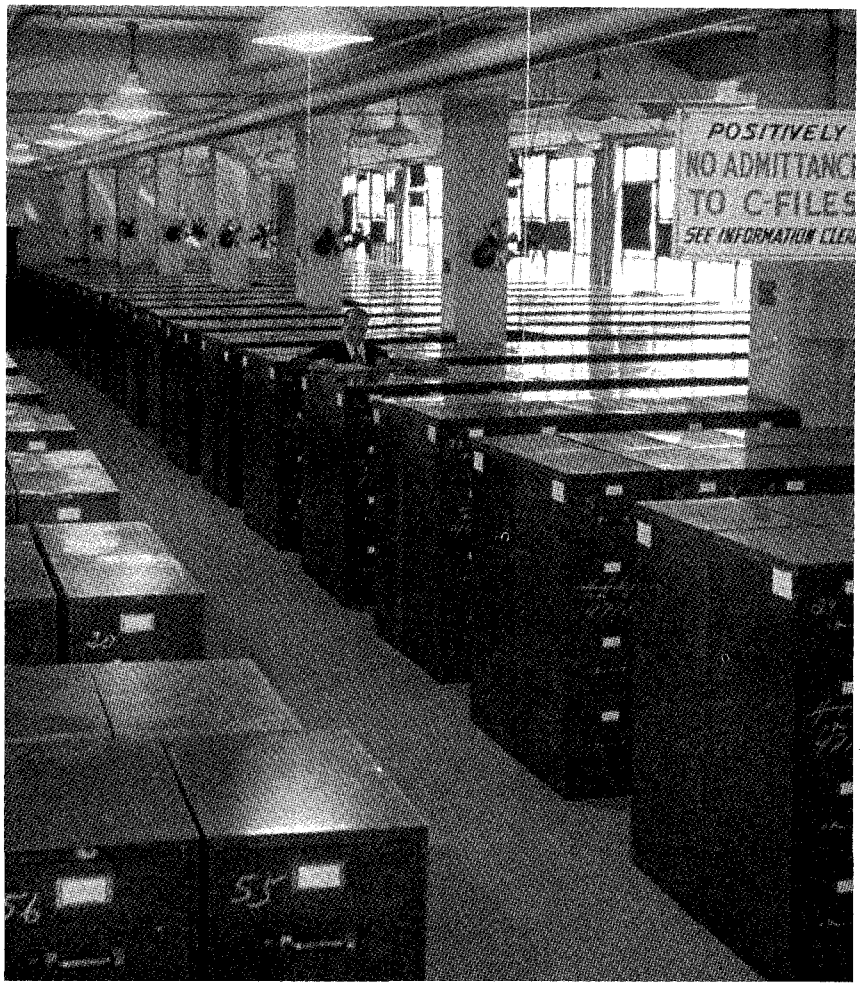
tive heart failure, and, fortunately, he received it in time.

The same software program, known as VistA, also plays a key role in preventing medical errors. Kay J. Craddock, who spent most of her 28 years with the VHA as a nurse, and who today coordinates the use of the information systems at the VA Medical Center, explains how. In the old days, pharmacists did their best to decipher doctors' handwritten prescription orders, while nurses, she says, did their best to keep track of which patients should receive which medicines by shuffling 3-by-5 cards.

Today, by contrast, doctors enter their orders into their laptops. The computer system immediately checks any order against the patient's records. If the doctors working with a patient have prescribed an inappropriate combination of medicines or overlooked the patient's previous allergic reaction to a drug, the computer sends up a red flag. Later, when hospital pharmacists fill those prescriptions, the computer system generates a bar code that goes on the bottle or intravenous bag and registers what the medicine is, who it is for, when it should be administered, in what dose, and by whom.



Above: Veterans Administration file room in 1949. Today, doctors and nurses at VA hospitals wheel bed tables with wireless laptops attached, giving them instant access to patients' medical records. The same database reminds them to prescribe appropriate care for patients when they leave the hospital; keeps track of which vets are due for a flu shot, a breast cancer screen, or other follow-up care; and enables researchers to look back and see what procedures work better than do others without having to assemble and rifle through paper records.

Time Life Pictures/Getty Images

Each patient also has an ID bracelet with its own bar code, and so does each nurse. Before administering any drug, a nurse must first scan the patient's ID bracelet, then her own, and then the barcode on the medicine. If she has the wrong patient or the wrong medicine, the computer will tell her. The computer will also create a report if she's late in administering a dose, "and saying you were just too busy is not an excuse," says Craddock.

Craddock cracks a smile when she recalls how nurses reacted when they first were ordered to use the system. "One nurse tried to get the computer to accept her giving an IV, and when it wouldn't let her, she said, 'you see, I told you this thing is never going to work.' Then she looked down at the bag." She had mixed it up with another, and the computer had saved her from a career-ending mistake. Today, says Craddock, some nurses still insist on getting paper printouts of their orders, but nearly all applaud the computer system and its protocols. "It keeps them from having to run back and forth to the nursing station to get the information they need, and, by keeping them from making mistakes, it helps them to protect their license." The VHA has now virtually eliminated dispensing errors.

In speaking with several of the young residents at the VA Medical Center, I realized that the computer system is also a great aid to efficiency. At the university hospitals where they had also trained, said the residents, they constantly had to run around trying to retrieve records—first upstairs to get X-rays from the radiology department, then downstairs to pick up lab results. By contrast, when making their rounds at the VA Medical Center, they just flip open their laptops when they enter a patient's room. In an instant, they can see not only all of the patient's latest data, but also a complete medical record going back as far as the mid-1980s, including records of care performed in any other VHA hospital or clinic.

Along with the obvious benefits this brings in making diagnoses, it also means that residents don't face impossibly long hours dealing with paperwork. "It lets these twentysomethings go home in time to do the things twentysomethings like to do," says Craddock. One neurologist practicing at both Georgetown University Hospital and the VA Medical Center reports that he can see as many patients in a few hours at the veterans hospital as

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he can all day at Georgetown.

By this summer, anyone enrolled in the VHA will be able to access his or her own complete medical records from a home computer, or give permission for others to do so. "Think what this means," says Dr. Robert M. Kolodner, acting chief health informatics officer for the VHA. "Say you're living on the West Coast, and you call up your aging dad back East. You ask him to tell you what his doctor said during his last visit and he mumbles something about taking a blue pill and white one. Starting this summer, you'll be able to monitor his medical record, and know exactly what pills he is supposed to be taking."

The same system reminds doctors to prescribe appropriate care for patients when they leave the hospital, such as beta blockers for heart attack victims, or eye exams for diabetics. It also keeps track of which vets are due for a flu shot, a breast cancer screen, or other follow-up care—a task virtually impossible to pull off using paper records. Another benefit of electronic records became apparent last September when the drug-maker Merck announced a recall of its popular arthritis medication, Vioxx. The VHA was able to identify which of its patients were on the drug within minutes, and to switch them to less dangerous substitutes within days.

Similarly, in the midst of a nationwide shortage of flu vaccine, the system has also allowed the VHA to identify, almost instantly, those veterans who are in greatest need of a flu shot and to make sure those patients have priority. One aging relative of mine—a man who has had cancer and had been in and out of nursing homes—wryly reports that he beat out 5,000 other veterans in the New London, Conn., area for a flu shot. He's happy that his local veterans hospital called him up to tell him he qualified, but somewhat alarmed by what this implies about his health.

The VistA system also helps to put more science into the practice of medicine. For example, electronic medical records collectively form a powerful database that enables researchers to look back and see which procedures work best without having to assemble and rifle through innumerable paper records. This database also makes it possible to discover emerging disease vectors quickly and effectively. For example, when a veterans hospital in Kansas City noticed an outbreak of a rare form of pneumonia among its patients, its computer system quickly spotted the problem: All the patients had been treated with what turned out to be the same bad batch of nasal spray.

Developed at taxpayer expense, the VistA program is available for free to anyone who cares to download it off the Internet. The link is to a demo, but the complete software is nonetheless available. You can try it out yourself by going to http://www1.va.gov/CPRSdemo/. Not surprisingly, it is currently being used by public health care systems in Finland, Germany, and Nigeria. There is even an Arabic language version up and running in Egypt. Yet VHA officials say they are unaware of any private health care system in the United States that uses the software. Instead, most systems are still drowning in paper, or else just starting to experiment with far more primitive information technologies.

Worse, some are even tearing out their electronic information systems. That's what happened at Cedars-Sinai Medical Center in Los Angeles, which in 2003 turned off its brand-new, computerized physician order entry system after doctors objected that it was too cumbersome. At least six other hospitals have done the same in recent years. Another example of the resistance to information technology among private practice doctors comes from the Hawaii Independent Physicians Association, which recently cancelled a program that offered its members $3,000 if they would adopt electronic medical records. In nine months, there were only two takers out of its 728 member doctors.

In July, Connecting for Health—a public-private cooperative of hospitals, health plans, employers and government agencies—found that persuading doctors in small- to medium-sized practices to adopt electronic medical records required offering bonuses of up to 10 percent of the doctors' annual income. This may partly be due to simple technophobia or resistance to change. But the broader reason, as we shall see, is that most individual doctors and managed care providers in the private sector often lack a financial incentive to invest for investing in electronic medical records and other improvements to the quality of the care they offer.

This is true even when it comes to implementing low-tech, easy-to-implement safety procedures. For example, you've probably heard about surgeons who operate on the wrong organ or limb. So-called "wrong site" surgery happens in about one out of 15,000 operations, with those performing foot and hand surgeries particularly likely to make the mistake. Most hospitals try to minimize this risk by having someone use a magic marker to show the surgeon where to cut. But about a third of time, the VHA has found, the root problem isn't that someone mixed up left with right; it's that the surgeon is not operating on the patient he thinks he is. How do you prevent that?

Obviously, in the VHA system, scanning the patient's ID bracelet and the surgical orders helps, but even that isn't foolproof. Drawing on his previous experience as a NASA astronaut and accident investigator, the VHA's safety director, Dr. James Bagian, has developed a five-step process that VHA surgical teams now use to verify both the identity of the patient and where they are supposed to operate. Though it's similar to the check lists astronauts go through before blast off, it is hardly rocket science. The most effective part of the drill, says Bagian, is simply to ask the patient, in language he can understand, who he is and what he's in for. Yet the efficacy of this and other simple quality-control measures adopted by the VHA makes one wonder all the more why the rest of the health-care system is so slow to follow.

Why care about quality?

Here's one big reason. As Lawrence P. Casalino, a professor of public health at the University of Chicago, puts it, "The U.S. medical market as presently constituted simply does not provide a strong business case for quality."

Casalino writes from his own experience as a solo prac-

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titioner, and on the basis of over 800 interviews he has since conducted with health-care leaders and corporate health care purchasers. While practicing medicine on his own in Half Moon Bay, Calif, Casalino had an idealistic commitment to following emerging best practices in medicine. That meant spending lots of time teaching patients about their diseases, arranging for careful monitoring and follow-up care, and trying to keep track of what prescriptions and procedures various specialists might be ordering.

Yet Casalino quickly found out that he couldn't sustain this commitment to quality, given the rules under which he was operating. Nobody paid him for the extra time he spent with his patients. He might have eased his burden by hiring a nurse to help with all the routine patient education and follow-up care that was keeping him at the office too late. Or he might have teamed up with other providers in the area to invest in computer technology that would allow them to offer the same coordinated care available in veterans hospitals and clinics today. Either step would have improved patient safety and added to the quality of care he was providing. But even had he managed to pull them off, he stood virtually no chance of seeing any financial return on his investment. As a private practice physician, he got paid for treating patients, not for keeping them well or helping them recover faster.

The same problem exists across all health-care markets, and its one main reason in explaining why the VHA has a quality performance record that exceeds that of private-sector providers. Suppose a private managed-care plan follows the VHA example and invests in a computer program to identify diabetics and keep track of whether they are getting appropriate follow-up care. The costs are all upfront, but the benefits may take 20 years to materialize. And by then, unlike in the VHA system, the patient will likely have moved on to some new health-care plan. As the chief financial officer of one health plan told Casalino: "Why should I spend our money to save money for our competitors?"

Or suppose an HMO decides to invest in improving the quality of its diabetic care anyway. Then not only will it risk seeing the return on that investment go to a competitor, but it will also face another danger as well. What happens if word gets out that this HMO is the best place to go if you have diabetes? Then more and more costly diabetic patients will enroll there, requiring more premium increases, while its competitors enjoy a comparatively large supply of low-cost, healthier patients. That's why, Casalino says, you never see a billboard with an HMO advertising how good it is at treating one disease or another. Instead, HMO advertisements generally show only healthy families.

In many realms of health care, no investment in quality goes unpunished. A telling example comes from semi-rural Whatcom County, Wash. There, idealistic health-care providers banded together and worked to bring down rates of heart disease and diabetes in the country. Following best practices from around the country, they organized multidisciplinary care teams to provide patients with counseling, education, and navigation through the health-care system. The providers developed disease protocols derived from evidence-based medicine. They used information technology to allow specialists to share medical records and to support disease management.

But a problem has emerged. Who will pay for the initiative? It is already greatly improving public health and promises to bring much more business to local pharmacies, as more people are prescribed medications to manage their chronic conditions and will also save Medicare lots of money. But projections show that, between 2001 and 2008, the initiative will cost the local hospital $7.7 million in lost revenue, and reduce the income of the county's medical specialists by $1.6 million. An idealistic commitment to best practices in medicine doesn't pay the bills. Today, the initiative survives only by attracting philanthropic support, and, more recently, a $500,000 grant from Congress.

For health-care providers outside the VHA system, improving quality rarely makes financial sense. Yes, a hospital may have a business case for purchasing the latest, most expensive imaging devices. The machines will help attract lots of highly-credentialed doctors to the hospital who will bring lots of patients with them. The machines will also induce lots of new demand for hospital services by picking up all sorts of so-called "pseudo-diseases." These are obscure, symptomless conditions, like tiny, slow-growing cancers, that patients would never have otherwise become aware of because they would have long since died of something else. If you're a fee-for-service health-care provider, investing in technology that leads to more treatment of pseudo-disease is a financial no-brainer.

But investing in any technology that ultimately serves to reduce hospital admissions, like an electronic medical record system that enables more effective disease management and reduces medical errors, is likely to take money straight from the bottom line. "The business case for safety...remains inadequate...[for] the task," concludes Robert Wachter, M.D., in a recent study for *Health Affairs* in which he surveyed quality control efforts across the U.S. health-care system.

If health care was like a more pure market, in which customers know the value of what they are buying, a business case for quality might exist more often. But purchasers of health care usually don't know, and often don't care about its quality, and so private health-care providers can't increase their incomes by offering it. To begin with, most people don't buy their own health care; their employers do. Consortiums of large employers may have the staff and the market power necessary to evaluate the quality of health-care plans and to bargain for greater commitments to patient safety and evidence-based medicine. And a few actually do so. But most employers are not equipped for this. Moreover, in these days of rapid turnover and vanishing post-retirement health-care benefits, few employers have any significant financial interest in their workers' long-term health.

That's why you don't see many employers buying insurance that covers smoking cessation programs or the various expensive drugs that can help people to quit the habit. If they

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did, they'd be being buying more years of healthy life per dollar than just about any other way they could use their money. But most of the savings resulting from reduced lung cancer, stroke, and heart attacks would go to future employers of their workers, and so such a move makes little financial sense.

Meanwhile, what employees value most in health care is maximum choice at minimal cost. They don't want the boss man telling them they must use this hospital or that one because it has the best demonstrated quality of care. They'll be their own judge of quality, thank-you, and they'll usually base their choice on criteria like: "My best friend recommended this hospital," or "This doctor agrees with my diagnosis and refills the prescriptions I want," or "I like this doctor's bedside manner." If more people knew how dangerous it can be to work with even a good doctor in a poorly run hospital or uncoordinated provider network, the premium on doctor choice would be much less decisive, but for now it still is.

And so we get results like what happened in Cleveland during the 1990s. There, a well-publicized initiative sponsored by local businesses, hospitals and physicians identified several hospitals as having significantly higher than expected mortality rates, longer than expected hospital stays, and worse patient satisfaction. Yet, not one of these hospitals ever lost a contract because of their poor performance. To the employers buying health care in the community, and presumably their employees as well, cost and choice counted for more than quality. Developing more and better quality measures in health care is a noble cause, but it's not clear that putting more information into health-care markets will change these hard truths.

Health for service

So what's left? Consider why, ultimately, the veterans health system is such an outlier in its commitment to quality. Partly it's because of timely, charismatic leadership. A quasi-military culture may also facilitate acceptance of new technologies and protocols. But there are also other important, underlying factors.

First, unlike virtually all other health-care systems in the United States, VHA has a near lifetime relationship with its patients. Its customers don't jump from one health plan to the next every few years. They start a relationship with the VHA as early as their teens, and it endures. That means that the VHA actually has an incentive to invest in prevention and more effective disease management. When it does so, it isn't just saving money for somebody else. It's maximizing its own resources.

The system's doctors are salaried, which also makes a difference. Most could make more money doing something else, so their commitment to their profession most often derives from a higher-than-usual dose of idealism. Moreover, because they are not profit maximizers, they have no need to be fearful of new technologies or new protocols that keep people well. Nor do they have an incentive to clamor for high-tech devices that don't improve the system's quality or effectiveness of care.

And, because it is a well-defined system, the VHA can act like one. It can systematically attack patient safety issues. It can systematically manage information using standard platforms and interfaces. It can systematically develop and implement evidence-based standards of care. It can systematically discover where its care needs improvement and take corrective measures. In short, it can do what the rest of the health-care sector can't seem to, which is to pursue quality systematically without threatening its own financial viability.

Hmm. That gives me an idea. No one knows how we're ever going to provide health care for all these aging baby boomers. Meanwhile, in the absence of any near-term major wars, the population of veterans in the United States will fall dramatically in the next decade. Instead of shuttering under-utilized VHA facilities, maybe we should build more. What if we expanded the veterans health-care system and allowed anyone who is either already a vet or who agrees to perform two years of community service a chance to buy in? Indeed, what if we said to young and middle-aged people, if you serve your community and your country, you can make your parents or other loved ones eligible for care in an expanded VHA system?

The system runs circles around Medicare in both cost and quality. Unlike Medicare, it's allowed by law to negotiate for deep drug discounts, and does. Unlike Medicare, it provides long-term nursing home care. And it demonstrably delivers some of the best, if not the best, quality health care in the United States with amazing efficiency. Between 1999 and 2003, the number of patients enrolled in the VHA system increased by 70 percent, yet funding (not adjusted for inflation) increased by only 41 percent. So the VHA has not only become the health care industry's best quality performer, it has done so while spending less and less on each patient. Decreasing cost and improving quality go hand and hand in industries like autos and computers — but in health care, such a relationship virtually unheard of. The more people we can get into the VHA, the more efficient and effective the American health-care system will be.

We could start with demonstration projects using VHA facilities that are currently under-utilized or slated to close. Last May, the VHA announced it was closing hospitals in Pittsburgh; Gulfport, Miss.; and Brecksville, Ohio. Even after the closures, the VHA will still have more than 4 million square feet of vacant or obsolete real estate. Beyond this, there are empty facilities available from bankrupt HMOs and public hospitals, such as the defunct D.C. General. Let the VHA take over these facilities, and apply its state-of-the-art information systems, safety systems, and protocols of evidence-based medicine.

Once fully implemented, the plan would allow Americans to avoid skipping from one health-care plan to the next over their lifetimes, with all the discontinuities in care and record keeping and disincentives to preventative care that this entails. No matter where you moved in the country, or

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how often you changed jobs, or where you might happen to come down with an illness, there would be a VHA facility nearby where your complete medical records would be available and the same evidence-based protocols of medicine would be practiced.

You might decide that such a plan is not for you. But, as with mass transit, an expanded VHA would offer you a benefit even if you didn't choose to use it. Just as more people riding commuter trains means fewer cars in your way, more people using the VHA would mean less crowding in your own, private doctor's waiting room, as well as more pressure on your private health-care network to match the VHA's performance on cost and quality.

Why make public service a requirement for receiving VHA care? Because it's in the spirit of what the veterans health-care system is all about. It's not an entitlement; it's recognition for those who serve. America may not need as many soldiers as in the past, but it has more need than ever for people who will volunteer to better their communities.

Would such a system stand in danger of becoming woefully under-funded, just as the current VHA system is today? Veterans comprise a declining share of the population, and the number of Americans who have personal contact with military life continues to shrink. It is therefore not surprising that veterans health-care issues barely register on the national agenda, even in times of war. But, as with any government benefit, the broader the eligibility, the more political support it is likely to receive. Many veterans will object to the idea of sharing their health care system with non-vets; indeed, many already have issues with the VHA treating vets who do not have combat-related disabilities. But in the long run, extending eligibility to non-vets may be the only way to ensure that more veterans get the care they were promised and deserve.

Does this plan seem too radical? Well, perhaps it does for now. We'll have to let the ranks of the uninsured further swell, let health-care costs consume larger and larger portions of payrolls and household budgets, let more and more Americans die from medical errors and mismanaged care, before any true reform of the health-care system becomes possible. But it is time that our debates over health care took the example of the veterans health-care system into account and tried to learn some lessons from it.

Today, the Bush administration is pushing hard, and so far without much success, to get health-care providers to adopt information technology. Bush's National Coordinator for Health Care Information Technology, Dr. David Brailer, estimates that if the U.S. health-care system as a whole would adopt electronic medical records and computerized prescription orders, it would save as much as 2 percent of GDP and also dramatically improve quality of care. Yet the VHA's extraordinary ability to outperform the private sector on both cost and quality suggests that the rest of the Bush administration's agenda on health care is in conflict with this goal.

The administration wants to move American health care from the current employer-based model, where companies chose health-care plans for their workers, to an "ownership" model, where individuals use much more of their own money to purchase their own health care. But shifting more costs on to patients, and encouraging them to bargain and haggle for the "best deal" will result in even more jumping from provider to provider. This, in turn, will give private sector providers even fewer incentives to invest in quality measures that pay off only over time. The Bush administration is right to question all the tax subsidies going to prop up employer-provided health insurance. But it is wrong to suppose that more choice and more competition will solve the quality problem in American health care.

VHA's success shows that Americans clearly could have higher-quality health care at lower cost. But if we presume—and it is safe to do so—that Americans are not going to accept the idea of government-run health care any time soon, it's still worth thinking about how the private health-care industry might be restructured to allow it to do what the VHA has done. For any private health-care plan to have enough incentive to match the VHA's performance on quality, it would have to be nearly as big as the VHA. It would have to have facilities and significant market share in nearly every market so that it could, like the VHA, stand a good chance of holding on to customers no matter where they moved.

It would also have to be big enough to achieve the VHA's economies of scale in information management and to create the volumes of patients needed to keep specialists current in performing specific operations and procedures. Not surprisingly, the next best performers on quality after the VHA are big national or near-national networks like Kaiser Permanente. Perhaps if every American had to join one such plan and had to pay a financial penalty for switching plans (as, in effect, do most customers of the VHA), then a business case for quality might exist more often in the private health-care market. Simply mandating that all health-care providers adopt electronic medical records and other quality protocols pioneered by the VHA might seem like a good idea. But in the absence of any other changes, it would likely lead to more hospital closings and bankrupt health-care plans.

As the health-care crisis worsens, and as more become aware of how dangerous and unscientific most of the U.S. health-care system is, maybe we will find a way to get our minds around these strange truths. Many Americans still believe that the U.S. health-care system is the best in the world, and that its only major problems are that it costs too much and leaves too many people uninsured. But the fact remains that Americans live shorter lives, with more disabilities, than people in countries that spend barely half as much per person on health care. Pouring more money into the current system won't change that. Nor will making the current system even more fragmented and driven by short-term profit motives. But learning from the lesson offered by the veterans health system could point the way to an all-American solution. ◆

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Letters

Bernard Lewis Reconsidered

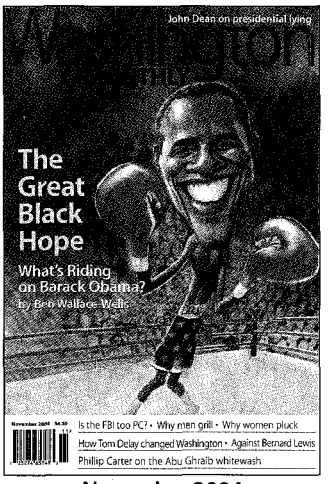
I once heard a professor describe Bernard Lewis as a man "who knows everything and debates nothing" ("Bernard Lewis Revisited" by Michael Hirsh, November). U.S. miscalculation in Iraq is a result of hubris given intellectual legitimacy and cover by Lewis and his acolyte Fouad Ajami. When professors at the pinnacle of academe pursue a political agenda at the expense of pedagogy, we all suffer the consequences.

Scheherazade Jafar
Greenwich, Conn.

Thank you. This article is a vindication for peace and a way to build bridges. I am a spiritual Muslim woman who belongs to a progressive branch of Islam. The article has helped me articulate what I have felt for some time and hope that America is soul-searching and understands that there is more "nuance" to the present conflicts than Bernard Lewis, Samuel Huntington,Charles Krauthammer, and others would have us believe. I cringed at the amount of fear that has been spread about the Middle East and Muslims by these so-called "scholars." Karen Armstrong was the only ray of light for Muslims who sought a more nuanced, moderate view of Muslims and the conflict.

Nadia Akbarali
Toronto, Canada

Hirsh's important article contrasts Western approaches to the Middle East as expounded by several academics. I agree that Bernard Lewis is a poor candidate for the honorary title of "doyen" of Middle Eastern Studies. As mentioned in the article, he is really an "Ottoman" expert and a medievalist, two specialties that just barely qualify one to speak on



November 2004

the contemporary Islamic Arab world.

The late Edward Said often alluded to these weaknesses when critiquing Lewis's work. It is important to be aware of Lewis's Ottoman bent because what is not often remembered is that while the Ottomans (i.e. the Turks) were Muslim, they ruled the Arab world as imperialists to a far greater extent and with more brutality than the British or the French. And they were roundly despised by the native Arab population.

But just because it is easy to discredit Lewis's theories and castigate his influence on American neoconservatives doesn't mean that the other side—the "Arabists"—are correct in their assessment of the Iraqi and the larger Arab Islamic world. To believe, for example, that "there has never been a Muslim umma, or community," as Professor Fawaz Gerges contends, or that "there is a better case for Islamo-Christian civilization" as Professor Bulliet concludes, is to misunderstand the dimensions and dynamics at work in the Arab Islamic world.

As a long-time resident of the Arab world, I believe both narratives are seriously flawed. They have not considered a third alternative, which any Western resident of the Middle East will tell you is a much more likely outcome: that there really is no solution to the dysfunctional quagmire that the Middle East has always been.

A. D. Arregui
Dharan, Saudi Arabia

I heart Newark

I thank you for inclusion in "The Great Black Hope" by Benjamin Wallace-Wells (November). While the article provided an accurate and encouraging portrayal of the future of young African-American politicians, it provided a woefully inaccurate description of my great city. Newark is not "a heap-of-junk port city"—to the contrary, it is a city of limitless strength and unbounded potential with hope and promise. The nickname Brick City is representative of the characteristics of its citizens—strong, resilient, and enduring. Its community activists are some of this nation's greatest heroes. Newark is a major transportation hub with an international airport, the largest deep water port on the East Coast, and the intersection of major roadways and rail lines. Newark has strongly committed corporate citizens (Prudential, IDT, and Blue Cross Blue Shield are all headquartered in Newark), a strong arts and culture community (the Newark Museum is New Jersey's leading museum and the Barton Myers designed New Jersey Performing Arts Center is home to the New Jersey Symphony), and is the nation's sixth largest college town with over 60,000 students. While Newark may have its challenges, it has enormous resources and tremendous potential to be one of America's great cities. I hope to help lead it into an even greater future.

Cory Booker
Newark, N.J.

Ben Wallace-Wells replies: Mr. Booker is right. That sentence was glib. I apologize.

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Call for entries for The Washington Monthly's
2004 Annual Political Book Award

We like to curl up with a good muckraking book from time to time, but our used copy of *The Jungle* is so musty that it's starting to make us sneeze. Which makes this the right time to once again call for candidates for *The Washington Monthly*'s Annual Political Book Award. Muckraking isn't a required characteristic—the award is presented to a broad array of nonfiction titles from the past year that demonstrate a commitment to the public interest. But we are particularly interested in reporting that helps us understand which institutions—whether government agencies, the media, corporations, unions, or others—contribute to the existence of public problems and which develop solutions.

Please send nominations to Books Editor Kukula Glastris:
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fax: 202-393-2444
733 15th Street, NW, Suite 520, Washington, DC 20005

The Washington Monthly's
Monthly Journalism Award

Mitchell Landsberg
""The Troubles at King/Drew""
Los Angeles Times
December 10-12, 2004

One of the best, and most politically deft, pieces of reporting we've seen all year, Landsberg and a team of four colleagues documented the rampant, often lethal cases of patient mismanagement at Los Angeles's King/Drew County Hospital—and the political pressures that kept the LA County Board of Supervisors (who operate the hospital) from doing anything about it. King/Drew was created in the aftermath of the Watts riots and became a point of symbolic pride for the city's minority populations, Landsberg writes. So when it became apparent, throughout the 1990s, that King/Drew was not only one of the most poorly managed hospitals in the country but that mismanagement was costing lives, the supervisors, the *Times* reports, were less than eager to anger the folks this hospital served, and so declined to make any serious efforts at reform. The problems, say the *Times*, largely continue.

The Monthly Journalism Award is presented each month to one or more newspaper, magazine, radio, or television stories (or series of stories) that demonstrate a commitment to the public interest. We are particularly interested in reporting that explains the successes and failures of government agencies at all levels and of other institutions such as the media, corporations, unions, and foundations that contribute to the existence or solution of public problems. Please send nominations (including a copy of the article or broadcast text) to The Washington Monthly Journalism Award, 733 15th Street, NW, Suite 520, Washington, DC 20005. Or email us at editors@washingtonmonthly.com.

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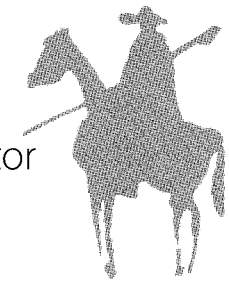
Tilting at **Windmills**

by **Charles Peters**, founding editor



You have the thanks of a grateful nation and a return ticket to Iraq

One of the crueler results of Bush's war is this headline from *The Washington Times*. "Third Division to return to Iraq, unit led assault to free Baghdad eighteen months ago." Imagine how hard this is to take for the soldiers involved and for their mothers and fathers and wives and husbands.

Real men don't wear Prada

My friend Jonathan Rowe, who lives in California, is puzzled that Democrats don't respond to being called "girly-men" by Arnold Schwarzenegger. Have they missed the issue of *Vanity Fair* with Arnold and Maria on the cover? In the credit box accompanying the photograph, we are told that the governor's "grooming products" are from Dior, his "hair products" by Bumble & Bumble, and his jacket by Prada.

For that matter, would a "real man" refuse to debate unless he gets the questions first? Or would he have had more cosmetic surgery, as one source put it, "than Joan Rivers"?

Have they heard of Google?

If nothing else, the example of Bernard Kerik should remind us that it's a good idea for government agencies, especially those with national security responsibilities, to look into the backgrounds of the people they employ. Unfortunately, there is an enormous backlog of pending investigations. Estimates range from 258,000 by UPI to 350,000 by Stephen Barr of *The Washington Post* of uncompleted background investigations at the Department of Defense, and from 224,000 (UPI) to 340,000 (Barr) at civilian agencies. On average, it now takes 375 days to complete a full-field investigation. When I was in the government during the Kennedy-Johnson years, it took two months. With investigations now taking more than a year, agencies are confronted with the miserable choice of letting potential employees come aboard without the proper clearance, or of making them wait so long that they become impatient and take another job.

The administration's solution to this problem is to merge the Department of Defense investigators into the Office of Personnel Management. Alas, as we have learned with the Department of Homeland Security, mergers do not guarantee increased efficiency.

The Ostrich Syndrome

My son lives in California, in an exurban hotbed of Bush voters. I asked him why his neighbors, who seemed conservative in most respects, were not at all disturbed by the deficit. His explanation was that they are so in hock in their own lives—with maxed-out credit cards and home equity loans piled on top of mortgages—that the last thing they want to do is contemplate the dangers of excessive debt, whether it is their own or the nation's.

What we meant to say was "Oops!"

You may have seen on the front page of *The Washington Post* in late November the headline "Virginia wife slain after court denies protection." It told the story of a woman who had been murdered after pleading with a judge to extend a protection order against her estranged husband, who had beaten and threatened to kill her. A few days later, the *Post* ran two sentences in its correction box on page 2, saying that the original story "may have left the impression that the judge had refused" to grant the extension, and that in fact "additional documents show that the protective order was dismissed at the [wife's] request." Are two sentences on page 2 enough to correct the erroneous main thrust of a front page story?

Tee fees are on us

After it was revealed by ABC's "20/20" in April 2001, among other reports, that federal judges were getting free trips to "conferences" at fancy resorts where more time was spent on the golf course than on jurisprudence, Sen. Patrick Leahy (D-Vt.) proposed to prohibit such junkets when they were sponsored, as they often are, by corporations interested in currying favor from the bench. Wait a minute, the judges said, give us a chance to police ourselves. So Leahy forbore. The judges assigned the issue to a committee headed by District Judge Willis L. Osteen.

The panel has now reported, we learn from Carol D. Leonnig of *The Washington Post*. The only problem is that the new rules are looser than the ones they replaced. Judges no longer have to report the value of the trips. Furthermore, under the old rule, they were cautioned not to take a trip if the corporate sponsor was likely to be involved in litigation before any of their courts.

The reason for this provision was that Merck and Pfizer, for example, knowing that they are faced with an avalanche of lawsuits from users of Vioxx and Celebrex, might well decide to hold a conference and invite all federal judges to a week at the Greenbriar since it is probable that many, if not all, of the judges will soon be confronted with litigation

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against one or both companies. But what would have been a no-no is now permitted by the new rule. There has to be an actual case involving the sponsor company before the judge—and the subject of the conference must be "directly related" to the case before the judge has to forego his junket.

Is it possible that these more generous rules are related to the fact that Judge Osteen was among those "20/20" caught on a golf course during a trip financed by corporate sponsors?

Securing Waikiki

Of course, judges aren't the only ones who benefit from the conference con. Recently, ABC's cameras caught Tom Ridge lounging around a pool at "a sumptuous resort and spa on Waikiki." Ridge was in Honolulu for an Asia-Pacific security conference where, Brian Ross and Rhonda Schwartz report, most of the cost was paid for "by corporations seeking government contracts." Ridge justified going to Honolulu by saying it was necessary so that he could meet with foreign officials. ABC notes, however, that the top ten foreign officials at the meeting were from their countries' embassies in Washington, all of which were located within blocks of Ridge's Washington office.

One strike and you're out

Have you heard about Weldon Angelos, the 24-year-old first offender from Salt Lake City, Utah, who had been sentenced to 55 years in prison for twice selling $350 of marijuana while having a handgun in his possession? No violence or threat of violence was alleged. Even the judge thinks the sentence is outrageous. But it is compelled by mandatory minimum sentencing laws—laws that Congress obviously needs to rethink, just as the state of New York has recently done.

Curiously, it smells like barbecued chicken

"Doctor tried to ignite patient" was the headline on a story by Jim McElhatton in a recent issue of *The Washington Times*. Naturally, my curiosity was aroused. So I read on. I found the following excerpts from the testimony of Dr. Willie Blair in a sworn deposition in a case involving a woman who had been burned in the operating room. Contending that such fires are unlikely, Dr. Blair said, "I've been trying to set people on fire for the last three months, and can't do it."

Q: Are you doing this on live patients?

A: Yeah.

Q: Did you ask any of the patients whether you could do that?

A: No.

Q: How many different attempts have you made?

A: At least four.

Once his testimony became public, Dr. Blair said he was only kidding. But this still seems to leave the physician with a problem. If he is not guilty of trying to set fire to his patients, isn't he guilty of lying under oath?

The new Dien Bien Phu

Few people realize that, because the armed services are so much smaller today, the chance of a soldier or marine being killed or wounded in Iraq isn't much less than it was during the bloodbath in Vietnam. Indeed, according to an op-ed by Brian Gifford in *The Washington Post*, the chances of being a casualty in Vietnam were only one-fourth greater than they now are in Iraq.

Class warfare

Military recruiters target working-class high schools, according to Charlie Savage of *The Boston Globe*, and avoid affluent ones where students are already planning to go to college. They do so, Donald Rumsfeld's director of recruiting, Kurt Gilroy, tells the *Globe*, to "maximize return on the recruiting dollar...to go where the low-hanging fruit is. In other words, we fish where the fish are."

The problem with this kind of thinking, as this magazine never tires of pointing out, is that we end up with a military from which the affluent classes are largely missing. A recent decision from the Third Circuit Court of Appeals may make things worse. It says universities can keep military recruiters off their campuses without risking the loss of federal funds. So we're even more likely to have a military in which the presence of a son or daughter of privilege is so rare that it occasions an entire column in *The New York Times*. Which is what happened recently when it was learned that Patrick Daley, an MBA and the son of Chicago's mayor, was joining up.

EXCUSE ME, MOHAMMED

Another bizarre CIA requirement is that its undercover agents have to file federal and state income tax returns. Imagine the dialogue: "Excuse me, Mohammed, you have to stop telling me where you're going to plant your next bomb. What I really need to know is the nearest branch of H&R Block."

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When Iran gets lemon scents, the terrorists have won

Aliakbar and Shahla Afshari emigrated here from Iran 18 years ago and now live in Morgantown, W.Va., where they work for the National Institute for Occupational Health and Safety—that is, until May 5 of last year, when they were fired. They were told they had failed background checks. That was it—no other explanation. No appeal allowed.

"When their lawyer requested the documents used to justify the action," reports James Dao of *The New York Times*, "he was told none existed."

Neither of the Afsharis worked on matters involving national security. She "researched allergic reactions to common items like latex gloves and hand cleansers." He studied the health effects of things like asphalt fumes and dust particles.

A professor of engineering at West Virginia University who had been Afshari's doctoral advisor told the *Times*: "I fear a serious mistake has been made." So do I. And so does the ACLU, which, I am happy to report, is helping with the Afsharis's case.

Hissing fits

John Kerry recently embraced another ancient cause of this magazine when, according to *Newsweek*'s Debra Rosenberg, he told a group of loyal Democrats assembled at AFL-CIO headquarters that the Democrats needed to understand pro-lifers and to convince them that we do not *like* abortion. "There was a gasp in the room," reports Rosenberg. I understood because I was once hissed by a group of Democratic women for making similar statements.

In 1989, a *Monthly* article by Jason DeParle, "Beyond the Legal Right," had this subhead: "Why liberals and feminists don't like to talk about the morality of abortion." Jason quoted

Realizing that Ohio was so close, you have to weep at the news that John Kerry had $15 million in unspent campaign funds still in the bank on Nov. 3.

Barbara Ehrenreich, whose *Nickel and Dimed* I admire inordinately, making a remark that I definitely did not admire:

"I cannot speak for other women, but the only regret I have about my own abortions is that they cost money that might have been spent on something more pleasurable, like taking the kids to the movies and theme parks." *The Nation*'s Katha Pollitt described the anti-abortion movement as "a reactionary religious crusade, opposed to non-procreative sex and contraception, indifferent to the health and individual circumstances of women, bone-ignorant."

While many pro-lifers fit that description, many others do not, and are decent, thoughtful human beings.

The reason behind those gasps and hisses was revealed when both Ehrenreich and Pollitt told DeParle that they "found it particularly troubling that moral objections should be raised by someone who, to use Ehrenreich's phrase, 'had been on the right side of the barricades.' When I asked why, she said 'that kind of thing always cuts the legitimacy of our [legal] right; it's the kind of wedge used to threaten us.'"

What pro-choicers need to understand is that neither Kerry nor the *Monthly* wants to take away the legal right conferred on them by *Roe v. Wade*. It is not a threat to emphasize that the legal right presents a moral choice, and that people who take that moral choice seriously are not the mortal enemy of those who prize the legal right.

35 points he could have used

Kerry's point that the party should be open to pro-lifers makes sense as a matter of practical politics. In West Virginia, for example, the anti-abortion Democratic gubernatorial candidate won by 29 percent in November, while Kerry lost by 6 percent.

You should see my other yacht

If you've been worried about whether the rich have managed to spend the extra cash they received from Bush's tax cuts, you will be comforted to learn that our free markets have risen to the challenge. The evidence is supplied by *The Wall Street Journal*'s Robert Frank:

The most expensive Mercedes used to cost about $100,000. Last year, Mercedes came up with the Maybach 62, which can sop up $350,000 of tax savings. This year, inspired by the promise of more tax cuts from the Bush administration, Mercedes has come up with the SLR. It's yours for only $450,000.

You can now spend more than $200,000 for a wristwatch, and more than $100 million for a yacht. Although a yacht of 100 feet in length used to be considered good-sized, Frank found a 197-footer at the recent boat show in Fort Lauderdale with "an indoor gym, swimming pool and helicopter pad." But it was a dwarfed by a 400-footer with "a basketball court, music studio and personal submarine." Have you realized how much you need a personal submarine?

Limb from limb

While the beneficiaries of Bush's tax policy are inspecting yachts, the beneficiaries of his foreign policy are looking at another kind of scene in Fallujah. "The first time Jose Ramirez saw a human body ripped apart by a rocket, it took him hours to regain his com-

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posure," reports Jackie Spinner in *The Washington Post*.

"I walked around in shock," said the medic. "It doesn't hit me when I'm working on a patient. But after we're cleaning up, and I see the blood on the floor or I see someone bagging a piece of arm or leg. I know it's going to be in my mind for the rest of my life."

We legalized what?

Recently a spending bill sailed through Congress containing a provision that only one person had read—and he was not a member of Congress. It was written by someone on the staff of the Appropriations Committee, and not a single other soul seemed to know about it. Although members of Congress are supposed to have three days to read a bill before its final passage, Rep. Brian Baird (D-Wash.) pointed out in a recent *Post* op-ed, that rule is "routinely overridden by the Republican majority, leaving only a few hours to read bills that are thousands of pages in length and spend hundreds of billions of the people's money." That may help explain why, as *The Boston Globe* has reported, Republicans were able to sneak 3,407 pork barrel projects into appropriations bills in the session that just ended, compared to 47 such projects that the Democrats managed the last time they controlled Congress in 1994.

Waterfront Park, Old Navy, what's the difference?

Did you know your land could be taken away to make room for a Wal-Mart? This has been happening in localities from Kansas and Missouri to New Jersey and New York, reports Dean Starkman in *The Wall Street Journal*. "Desperate for tax revenues, cities and counties across the country now routinely take property from unwilling sellers to make way for big-box retailers." Courts are supposed to protect citizens from eminent domain except when it is for a "public use." If judges have been conned into expanding public use to include benefiting Best Buy, developers must have been sponsoring a lot of those judicial conferences.

Good cop

In a recent op-ed in *The New York Times*, James A. Baker, Bush I's secretary of state, urged Bush II to reignite the peace process between Israel and Palestine. Baker surprised some readers by noting "the plan presented by Bill Clinton and Ehud Barak at Camp David in 2000...offers one plausible place to start." A kind word for Clinton from James Baker! Yet it really isn't so surprising. Dennis Ross, Clinton's top negotiator at Camp David, had also played a similar role under Baker.

It seems unlikely, however, that Baker's favorable remarks about Clinton will attract Bush's sympathetic attention. Maybe it would have been better to praise Ross. When I hear Ross speak or read what he has written, most notably in his new book, *The Missing Peace*, I am always impressed by his intelligence, objectivity, and empathy for both sides. It is probably too much to hope for, but I wish Bush would put him in charge of Palestinian-Israeli relations.

Matthew Cooper

Thank goodness those mandatory sentences do not apply to our friend and former colleague Matthew Cooper, who is threatened with jail for refusing to reveal a source. The special prosecutor does not have to recommend jail, and even if he does recommend it, the judge can ignore it.

Although we believe Matt is right in refusing to identify his source, that is not the argument that we make here. Our concern is to keep him out of jail. Matt is not only a fine reporter, he is a caring husband and father, a kind and thoughtful friend, and an all-round good citizen. And he has a marvelous sense of humor.

Wait a minute, what relevance does his sense of humor have, you ask. Unlike many who share his comic gift, Matt laughs at himself. He is incapable of the self-righteousness that seeks martyrdom.

If the prosecutor and judge can approach this case in the same spirit without self-righteousness, they will see that even if they disagree with Matt, he has good reason for taking his stand. There is a total absence of criminal intent on his part. He should not be put in jail. Criminals belong in jail, not Matthew Cooper. How about house arrest for a month—or, even better, a week? That way, the authorities can be loyal to their principle while respecting Matt's loyalty to his.

Excuse me, Mohammed

You will recall that air marshals are required to identify themselves to receive a special rate at the hotels they are also required to use. It turns out the CIA has a similarly insane rule. Its undercover operatives are required to fly American airlines. Picture the scene: the agent is preparing to board Air Syria for a flight to Damascus. Is it not possible that members of the terrorist cell he has managed to penetrate will become a tad suspicious when he says, "Wait a minute, I have to fly American."

Another bizarre CIA requirement is that its undercover agents have to file federal and state income tax returns. Imagine the dialogue: "Excuse me, Mohammed, you have to stop telling me where you're going to plant your next bomb. What I really need to know is the nearest branch of H&R Block."

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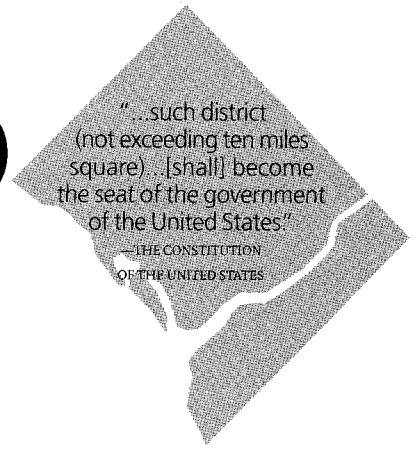
10 MILES SQUARE



I, Spy

An ex-spook visits Washington's espionage museum —and isn't impressed.

By Justin Peters

Washington does not lack for shrines to martial sacrifice. There are monuments here to the veterans of almost all of America's major wars: the moving new World War II Memorial on the Mall with its heroic conclave of white columns; the black granite gash of the Vietnam Memorial; the ghostly statues of soldiers on patrol that mark the Korean War Memorial; the Tomb of the Unknown Soldier, heralding the heroes of World War I. Each branch of service also has its own monument, including the Marines' Iwo Jima statue near Arlington Cemetery and the U.S. Navy Memorial on Pennsylvania Avenue, near the National Archives. There's even an African American Civil War Memorial and a Nuns of the Battlefield Monument.

Conspicuously missing, especially in an age of terror, is any public edifice commemorating the sacrifices—including the ultimate ones—made by the men and women of America's intelligence services. Instead, spooks and spies must make do with the International Spy Museum, a techno-slick for-profit enterprise that opened a few years ago among Washington's downtown tourist warrens, right between a high-class hotel and a brewpub. On a recent Saturday afternoon, I made my first trip to the museum, joined by John Spinelli, a former field officer of the Central Intelligence Agency.

Spinelli was a New York cop for 12 years before making the jump to the CIA ("As a city police officer, never try to arrest the mayor," he explains cryptically). He's sharp, laconic, and difficult to impress. He looks bored when a name-tagged tour guide invites the throng of visitors to choose a "cover"—"that's an identity that spies use to protect their identities," she explains—from examples pasted on the walls. As the tourists scatter, Spinelli looks at me, grinning crookedly. "I wanna be 'Angelina Falcone,'" he says, pointing at the wall. "She's from Italy."

While the tourists surrounding us lose themselves in spy fantasies and ogle gadgets (A pen gun! A lipstick microphone!), Spinelli searches for artifacts that better evoke his own experience. He passes a display case containing the Intelligence Star for Valor, one of the agency's highest awards. "I got one of those—for getting my ass shot in Mogadishu," he states matter-of-factly. "What were you doing in Mogadishu?" I ask. Spinelli gives me the eye. "I can't get into sources and methods," he replies. He was playing up the cloak-and-dagger stuff for my benefit, but his Somali sojourn is a matter of public record. As the CIA's deputy bureau chief in Mogadishu during the U.S.' Somali misadventure, Spinelli was responsible for ousting Mohamed Farah Aideed, the local warlord who was in cahoots with the nascent al Qaeda organization. *En route* to North Mogadishu one morning, Spinelli drove into an ambush and caught a bullet in the neck. He spent a harrowing evening in a dirty Somali hospital before getting airlifted out of the country with a Purple Heart and enough bad dreams to haunt him for years.

Such experiences have become more common in the spy services as the war on terror has moved from Somalia to Afghanistan, Iraq and, now the United States. Eager to see

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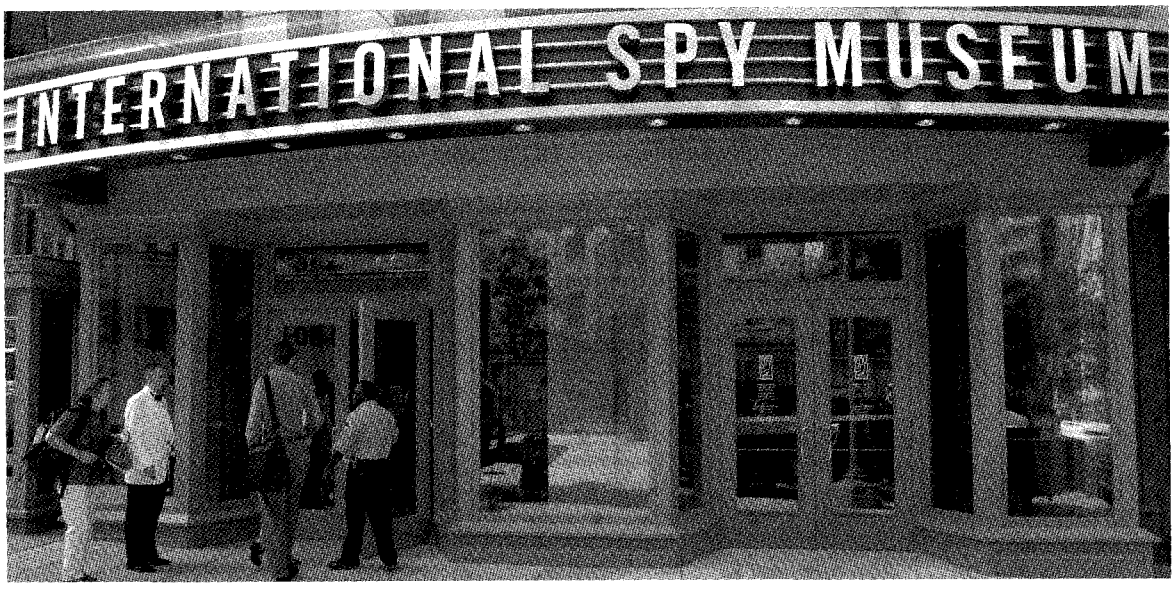

this new reality depicted, we wander upstairs to a new exhibit that sounds promising. Entitled "The Enemy Within," the heavily advertised installation is devoted to sabotage and agitation within America's borders.

The exhibit turns out to be a broad historical survey encompassing Klansmen, the Weather Underground, and J. Edgar Hoover's telephone, with no mention made of post-9/11 counter-intelligence work. "This isn't what I was expecting," Spinelli mutters, as we head back downstairs. There we encounter more of the same unsatisfying blend of sharp production values and Hollywood hokum. In the middle of an exhibit about Julius and Ethel Rosenberg, a bulky gentleman wearing cornrows and a blazer labeled "Special Police" comes up to Spinelli, grinning sheepishly. The name tag on his lapel identifies him as Damon. "Sir, can I ask your identity," he asks, as if reciting from a script. "Why?" Spinelli counters. The cornrows guy blinks. "Well, I need to know your identity," he mumbles. Spinelli acquiesces. "I'm Angelina Falcone; I'm 21, and I'm from Italy. But don't ask me on a date—he gets jealous," he says, pointing to me. Damon laughs and moves on.

We come upon a section on disguises, a series of photographs showing a young woman being made up to look like an old lady, a Sikh, and a street person. Spinelli squints at the display. "What's wrong with this disguise?" he asks me. I look more closely at the Sikh getup, noting that the woman's nose looks rather too red. "She looks like an albino Indian," Spinelli spits. When we come upon a silver Aston-Martin—shades of James Bond—mounted on a podium, Spinelli laughs derisively. I ask him if The Company was in the habit of providing its employees with such lavish rides. "More like Hertz," he says.

Perhaps it shouldn't come as a surprise that the Spy Museum's exhibits are more Barnum & Bailey's than Smithsonian. For starters, there's the niggling fact that the museum is for-profit, run by Cleveland's Malrite Company, a division of a larger organization that owns radio and television stations across the country—and sober, realistic expository tributes have never made for wide profit margins. But more directly, putting together a museum to honor spies and spycraft is difficult precisely because secrecy is such an integral part of the profession. The most successful espionage operations are the ones where the spies in question accomplish their goals and slip back into the shadows with nobody ever having been the wiser. The only real-life spies the public ever hears about are the ones who screw up, or those whose accomplishments are so far into the past as to be rendered innocuous. And thus the International Spy Museum—cheap theatre and ancient history, clipped British accents and umbrella pistols, Mata Hari and *Mission: Impossible*.

It plays well with the tourists, but Spinelli just bears it all with an air of half-patient bemusement. "Being a 007 can be glamorous and boring all in the same day," he says later. "You sit at a P.C. all day long doing reports, accountings, having boring bureaucratic meetings that go on forever. Then when everyone else in the embassy goes home for dinner you get ready to have a clandestine meeting, making sure no one is following you, debriefing agents who will tell you the most titillating secrets of government. . . . It's a rush, albeit a dangerous one depending where you work." I ask Spinelli what he would do if he were asked to create his monument to spookdom. "Have a museum for all the stars in the main hallway," he said, referring to the Wall of Honor, a slab of white marble, emblazoned with anonymous black stars, each one memoralizing a spook killed on a mission, that adorns the lobby of CIA headquarters in Langley, Va. "Tell their story, tell the American people how 007s are paid less than the DEA, FBI, Border Patrol. That 98 percent do it because they are believers. Ain't that a kick in the head in today's age?"

Justin Peters is an editorial fellow of *The Washington Monthly.*

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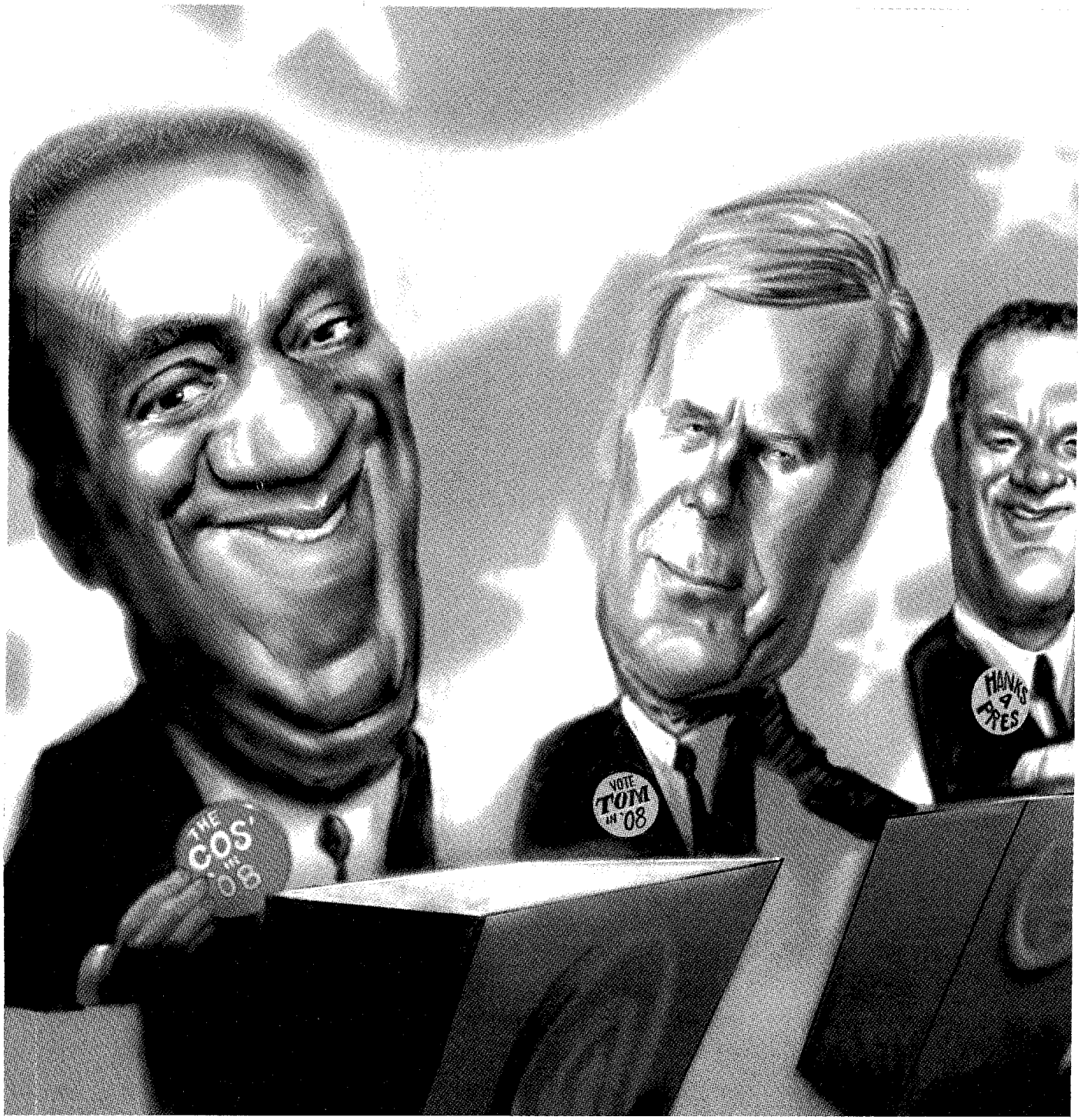

It's time for Democrats to think beyond the usual suspects

By the editors
Art by Fred Harper

Research assistance provided by Matthew Harwood

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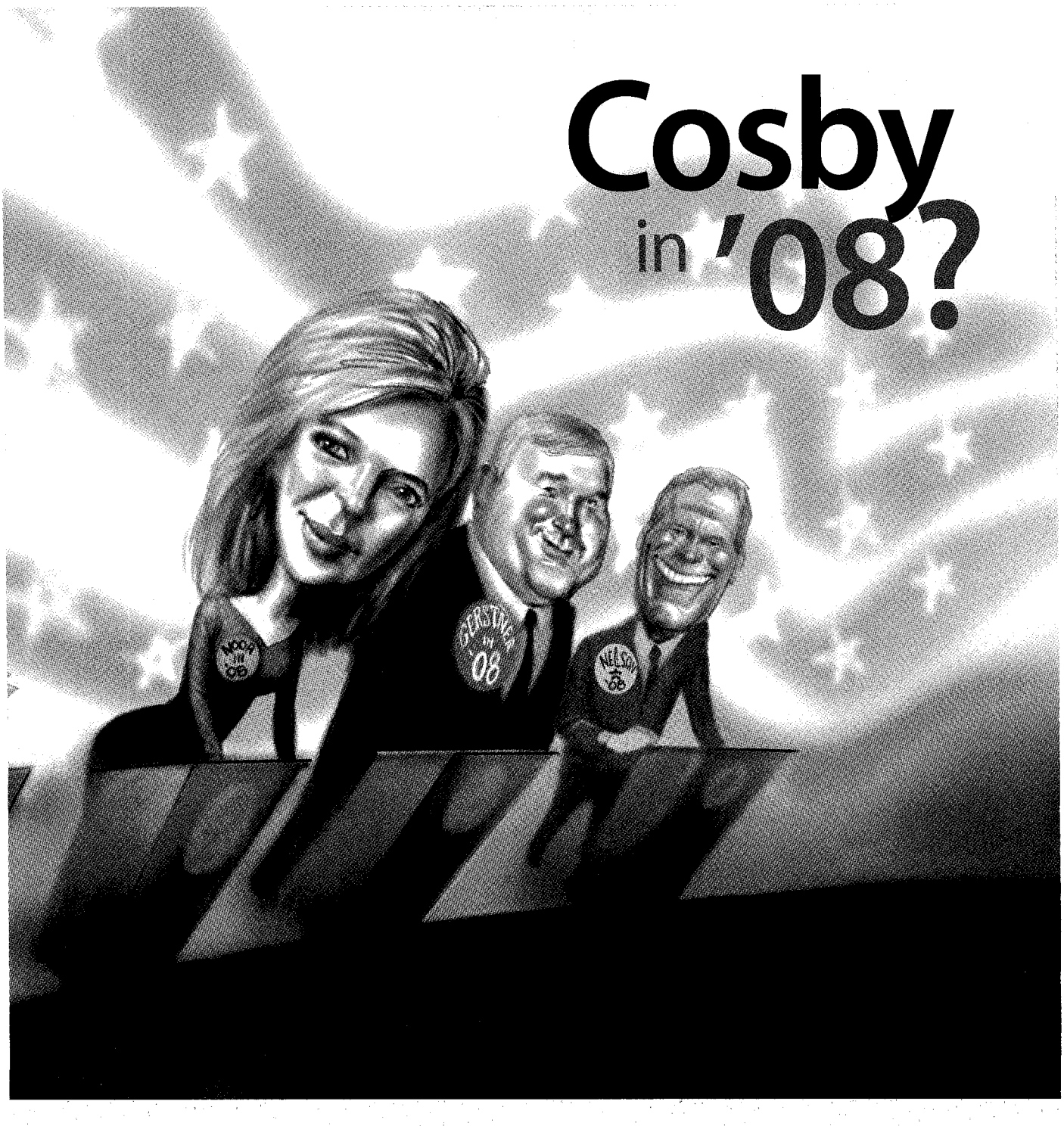
Cosby in '08?



The ink on those Ohio provisional ballots was not yet dry before the inevitable speculation began about Democratic presidential candidates for 2008. Battered, tired, and frustrated by yet another close-enough-to-taste loss, Democrats dreamed of a leader who could inspire them. They surveyed their ranks, scratched their heads, and tossed out the names of possibilities: Hillary Clinton. John Edwards. Evan Bayh.

That's about where the conversation ended.

Nothing hurts Democrats more than their own aversion to risk. If they are to confront a Republican Party now eyeing a constitutional amendment to make their favorite Austrian-born-movie-beefcake-turned-GOP governor eligible for the White House, Democrats must start thinking audaciously.

Instead of bellyaching about the supposedly shallow 2008 bench, why not consider the following list of people, who probably no one—including those on the list—have yet pictured duking it out in New Hampshire? Some of them may have a real chance of winning the nomination, while others are longshots who nonetheless represent the type of candidate who might make a run for the White House. Some are larger-than-life personalities; some have been wildly successful in business; some are already household names; and some are all of the above. Most importantly—with apologies to the governor of Iowa—each can make a more exciting candidate than Tom Vilsack.

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Tom Brokaw

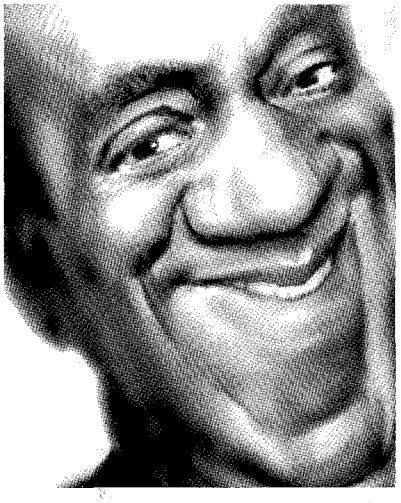
Bio: Former NBC "Nightly News" anchor; author of *The Greatest Generation.*
Case for Candidacy: You know him, you trust him, and you are already tired of Brian Williams. Until recently America's most-watched news anchor, Brokaw was a respected interpreter of world events for 21 years. His "Fleecing of America" segment about government corruption and waste highlighted the native South Dakotan's populist insistence that Washington work for the people. And Brokaw's bestselling book made him a spokesman for a bygone era of national pride and political harmony.
Surprising Edge: He's interviewed more foreign leaders than most candidates can name.
Possible Disqualifier: South Dakota Democrats might be cursed (See McGovern, G.).
Odds of surviving Iowa Caucus: 2:1

Lance Armstrong

Bio: Professional bicyclist, six-time Tour de France winner; cancer survivor.
Case for Candidacy: The man got Americans to sit in front of their televisions to watch a three-week-long *bike* race. In France. Armstrong's pro-choice, a major advocate of stem-cell research, and an inspiration to cancer patients everywhere. He established the Lance Armstrong Foundation to fund research and sits on Bush's national cancer panel. Oh, and he's from Texas. Come on—sign him up.
Surprising Edge: Trouncing the French time and time again.
Possible Disqualifier: Divorced wife, then hooked up with rocker Sheryl Crow.
Odds of surviving Iowa Caucus: 1:3

Phil Bredesen

Bio: Governor of Tennessee; entrepreneur.
Case for Candidacy: The only two successful Democratic candidates in the last 30 years have been Southern governors—if anyone can repeat the formula, it's Bredesen. He's Clinton, version 2.0: tough on crime, a fiscal conservative, a death-penalty supporter, and a gun owner. Widely touted as the face of the "New South," the self-made millionaire came into office during the 2002 election debacle, bucking the Republican tide that swept the rest of the country.
Surprising Edge: Hands-on experience in health care.
Possible Disqualifier: Unfortunately, it was as the head of an HMO.
Odds of surviving Iowa Caucus: 3:1



Bill Cosby

Bio: Comedian; actor; Ph.D. in education
Case for Candidacy: America's favorite dad is also a master of reframing; Cosby consciously structured his top-rated "Cosby Show" to emphasize the importance of education and knock down stereotypes of black families. He has since drawn upon his beloved-icon status and personal fortune to stump for early-reading initiatives and endow college scholarships; now, he's putting his popularity on the line to criticize the lax parenting and low academic standards he sees in black America today. These recent remarks, that drew defensive fire, proved the former Jello spokesman has guts and thrust Cosby back onto the national stage. A successful, much-loved black man touting education and family-values—what's not to love?
Surprising Edge: Great one-liners.
Possible Disqualifier: Has admitted cheating on his wife.
Odds of surviving Iowa Caucus: 50-50

Carly Fiorina

Bio: Chairman and CEO of Hewlett-Packard; former teacher.
Case for Candidacy: A naturally-gifted saleswoman (and what is a president if not national pitchman?), Fiorina rose from sales rep at AT&T to chief executive of Lucent Technologies where she engineered its IPO. When she took over the helm of HP, she became the first woman to head a Dow 30 company and oversaw a successful merger deal with Compaq. She was *Fortune*'s most powerful woman in business for six years running, and she is also closely involved with HP's philanthropy efforts.
Surprising Edge: Poster girl for women with stay-at-home husbands.
Possible Disqualifier: Her company may not survive another four years.
Odds of surviving Iowa Caucus: 50-50

Lou Gerstner

Bio: Former chairman and CEO of IBM.
Case for Candidacy: No one has to teach Gerstner about the new economy—IBM was on its way to bankruptcy until the former Pepsi CEO took over and revived the computing giant by restructuring a hopelessly entrenched bureaucratic culture into an innovative, lively powerhouse. In addition to saving corporations, Gerstner doubles as an education wonk: He co-chairs Achieve, Inc., a bipartisan group founded by governors and corporate leaders in the mid-1990s to advance national standards and testing. The goals of Bush's No Child Left Behind reform, if not their implementation, bear the group's hallmark.
Surprising Edge: He's the son of a truck driver.
Possible Disqualifier: He's also global chairman of the Carlyle Group.
Odds of surviving Iowa Caucus: 2:1

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Tom Hanks

Bio: Actor, two-time Oscar winner.
Case for Candidacy: Gosh, he's nice. Whether portraying everybody's favorite captain in *Saving Private Ryan* or everybody's favorite astronaut in *Apollo 13*, Hanks understands and celebrates the nobility and heroism of ordinary men; in real life he plays a convincing multimillionaire everyman. He has received the Distinguished Public Service Award (the highest honor the Navy gives to a civilian) and is an activist for veterans causes, leading the charge for a World War II Memorial in Washington.
Surprising Edge: Remarkable number of Americans think he served in WWII.
Possible Disqualifier: *Turner and Hooch*.
Odds of surviving Iowa Caucus: 50-50

Bob Kerrey

Bio: Former Nebraska senator and governor; college president.
Case for Candidacy: The straight-talking maverick politician from the heartland was hailed as the second coming of Bobby Kennedy when he came to the Senate in 1989. He's tough—Kerrey lost a leg serving as a Navy SEAL in Vietnam—and never afraid to break party ranks. As a member of the 9/11 commission, he enhanced his national security bona fides with sharply worded questions to both Republicans and Democrats.
Surprising Edge: Just crazy enough to do the right thing.
Possible Disqualifier: Acknowledged participation in war atrocities.
Odds of surviving Iowa Caucus: 2:1

Bill Nelson

Bio: Senator from Florida; former astronaut.
Case for Candidacy: Political consultants, look no further for your dream candidate. Moderate? Check. Veteran? Check. From Florida? Check. Tall, good-looking, a younger John Glenn, and a smarter Evan Bayh? All that, and more. And when it comes to moral values, Nelson doesn't just go to church—he and his wife founded a Presbyterian congregation while he served as a congressman from Florida.
Surprising Edge: Has already won the all-important I-4 corridor.
Possible Disqualifier: Not *that* much smarter than Evan Bayh.
Odds of surviving Iowa Caucus: 50-50

Queen Noor

Bio: Widow of Jordan's King Hussein.
Case for Candidacy: Americans dig royals! She's multilingual, stunning, and beloved throughout much of the Middle East. And while she's part of the Jordanian monarchy, the former Lisa Halaby is also a D.C. native whose father served in the Pentagon and was appointed head of the FAA by President Kennedy. Noor's advocacy for women and children in Jordan (not to mention the parties she's thrown for many of the major leaders in the region) could go a long way toward redeeming our reputation in the Muslim world.
Surprising Edge: Speaks flawless Arabic.
Possible Disqualifier: Also makes anti-Israel comments.
Odds of surviving Iowa Caucus: 1:5

Vic Snyder

Bio: Congressman from Arkansas; physician.
Case for Candidacy: Democrats worried about a Bill Frist run in '08 could neutralize the Senate's only doctor with Snyder, a family practitioner. Nothing says crossover appeal like medical missions to the Third World. Snyder is a moderate who continues to foil Republican challengers in Arkansas with his fiscal conservatism and background as a Marine in Vietnam, and handily won reelection despite voting against the Iraq resolution.
Surprising Edge: Wife is a Methodist minister.
Possible Disqualifier: The last time a congressman won the presidency was... well, never.
Odds of surviving Iowa Caucus: 1:2

Ted Turner

Bio: Founder and former CEO of CNN; philanthropist.
Case for Candidacy: The take-no-guff businessman bet the farm on a tiny Atlanta VHF station and turned it into the world's largest cable media enterprise, revolutionizing the way we consume news in the process. He's a Southern good ol' boy who is committed to liberal causes. And, heck, he already acts like a country—Turner has endowed $1 billion to the United Nations (more than the combined annual dues of the United States, Japan, Germany, Italy, and France) and his land conservation holdings are nearly the size of the Bahamas.
Surprising Edge: A hunter-environmentalist.
Possible Disqualifier: Too many pictures of him standing next to Hanoi Jane.
Odds of surviving Iowa Caucus: 1:3

Gen. Anthony Zinni

Bio: U.S. envoy to the Middle East; four-star general.
Case for Candidacy: Most presidents wait until they win the White House before attempting to solve the Middle East conflict—Zinni has a head-start. Democrats concerned about their party's foreign policy heft will like the diplomatic missions he led to Somalia, Pakistan, and Ethiopia, and his years as commander-in-chief of Central Command bring much needed national security cred to the table. But he's a thoughtful hawk; though he was appointed as Bush's envoy to the Middle East, Zinni publicly broke with his boss to criticize the administration's post-war planning in Iraq.
Surprising Edge: Taller than Gen. Wesley Clark.
Possible Disqualifier: The Swift Boat Vets Against Zinni ad is already in the hopper.
Odds of surviving Iowa Caucus: 50-50

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Fire the Consultants

Why do Democrats promote campaign advisors who lose races?

By Amy Sullivan

If you were a Democrat running as a first-time candidate for the U.S. Senate in 2002, Joe Hansen was most likely a familiar part of your life. As the field director for the Democratic Senatorial Campaign Committee (DSCC), Hansen was responsible for recruiting promising candidates, and then for getting the nascent campaigns off to a running start. In the first overwhelming days of your campaign, Joe was a lifeline. He took you out to dinner for pep talks, broke down the fundraising process into something almost manageable, walked you through the selection of campaign staff and consultants, and promised that—if you proved you were a serious candidate by putting together the right team—the DSCC would happily write the checks that might make the difference when things really heated up in the fall. And when it came to choosing just the right firm to design and produce the fliers, postcards, and door hangers that would blanket your state in the closing weeks of the campaign, Joe recommended the very best consultant he knew: Joe Hansen.

In addition to his job at the DSCC, Hansen was also a partner in the direct mail firm of Ambrosino, Muir & Hansen. His sales pitch must have been effective—Democrats in nine of the closest Senate contests in 2002 signed up with Hansen, including Jeanne Shaheen in New Hampshire, Max Cleland in Georgia, and Alex Sanders in South Carolina. The day after the election, only two (Tim Johnson in South Dakota and Mark Pryor in Arkansas) were still standing.

Despite widespread grumbling about his aggressive sales tactics, Hansen is still part of the DSCC (he stepped down as field director midway through 2002 as criticism mounted; officially, he is now a "consultant" for the committee). What's most surprising, though, is that Democratic candidates continue to hire him despite his lousy record. After losing seven of nine close races in 2002, Hansen was again a man in demand during the last election cycle. His firm handled five of the most competitive Senate races in 2004, including the two—Tony Knowles in Alaska and Erskine Bowles in North Carolina—that prognosticators thought were most winnable. Only one of Hansen's candidates, Ken Salazar in Colorado, pulled out a victory.

Hansen is part of a clique of Washington consultants who, through their insider ties, continue to get rewarded with business even after losing continually. Pollster Mark Mellman is popular among Democrats because he tells them what they so desperately want to hear: Their policies are sound, Americans really agree with them more than with Republicans, and if they just repeat their mantras loud enough, voters will eventually embrace the party. As Noam Scheiber pointed out in a *New Republic* article following the great Democratic debacle of '02, Mellman was, perhaps more than

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A Mafia-like code of *omerta* operates within the Democratic Party. Few insiders dare complain about the hammerlock loser consultants like Joe Hansen, Mark Mellman, and Robert Shrum have on the process.

anyone else, the architect of that defeat. As the DSCC's recommended pollster, he advised congressional Democrats to ignore national security and Iraq in favor of an endless campaign about prescription drugs and education. After the party got its clock cleaned based on his advice, Mellman should have been exiled but was instead ... promoted. He became the lead pollster for John Kerry's presidential campaign, where he proffered eerily similar advice—stress domestic policy, stay away from attacking Bush—to much the same effect.

Hansen and Mellman are joined by the poster boy of Democratic social promotion, Bob Shrum. Over his 30-year career, Shrum has worked on the campaigns of seven losing presidential candidates—from George McGovern to Bob Kerrey—capping his record with a leading role in the disaster that was the Gore campaign. Yet, instead of abiding by the "seven strikes and you're out" rule, Democrats have continued to pay top dollar for his services (sums that are supplemented by the percentage Shrum's firm, Shrum, Devine & Donilon, gets for purchasing air time for commercials). Although Shrum has never put anyone in the White House, in the bizarro world of Democratic politics, he's seen as a kingmaker—merely hiring the media strategist gives a candidate such instant credibility with big-ticket liberal funders that John Kerry and John Edwards fought a fierce battle heading into the 2004 primaries to lure Shrum to their camps. Ultimately, Shrum chose Kerry, and on Nov. 3, he extended his perfect losing record.

Since their devastating loss last fall, Democrats have cast about for reasons why their party has come up short three election cycles in a row and have debated what to do. Should they lure better candidates? Talk more about morality? Adopt a harder line on national security? But one of the most obvious and least discussed reasons Democrats continue to lose is their consultants. Every sports fan knows that if a team boasts a losing record several seasons in a row, the coach has to be replaced with someone who can win. Yet when it comes to political consultants, Democrats seem incapable of taking this basic managerial step.

A major reason for that reluctance is that Democrats simply won't talk openly about the problem. Shrum did eventually take some heat publicly during the 2004 campaign when the contrast between his losing record and his high position in the troubled Kerry campaign became too stark to ignore. But in general, a Mafia-like code of *omerta* operates. Few insiders dare complain about the hammerlock loser consultants have on the process—certainly neither the professional campaign operatives whom the consultants hire nor the journalists to whom the consultants feed juicy inside-the-room detail. "Everybody in town talks [privately] about Hansen and how he's held candidates hostage through the DSCC," says Chuck Todd, editor of *National Journal's Political Hotline*. Todd, however, is one of the few brave insiders. I interviewed two dozen Democratic Party leaders, operatives, and others for this story. Virtually no one had a good thing to say about Hansen or the rest of the oligarchy. Yet few would talk on the record. The exceptions were those who have gotten out of the business of working for political candidates such as Dan Gerstein, a former advisor to Sen. Joe Lieberman (D-Conn.). "If a company like General Motors had the same image problem that the Democratic Party does, they would fire the guys responsible," Gerstein told me. But not Democrats. "We don't just hire those guys," Gerstein said, "we give them bonuses."

A number of paychecks

Joe Hansen's national career began like that of most other big-name consultants—with a breakthrough success. The slightly chubby, sandy-haired operative had been involved with political races for a number of years by the time he managed Tim Johnson's upset of incumbent senator Larry Pressler in South Dakota in 1996. The race made his reputation as a premier field organizer and attracted the attention of Democratic Senate leader Tom Daschle, who hired Hansen to run his own reelection campaign two years later. Daschle was never in danger of losing (he eventually won by 26 percentage points), so Hansen had time to step in as campaign doctor for other races, saving the seats of both Sen. Patty Murray in Washington and Sen. Harry Reid in Nevada. With a gruff, take-no-guff manner—even those who consider him a friend say he can be explosive and overbearing—Hansen can whip a campaign into shape with his instinctive knack for field operations, and talent for moving around money, material, and manpower.

It's a skill that is sorely needed at the party campaign committees, where Democrats consistently grapple with the considerable spending advantage their Republican counterparts enjoy. After the 1998 cycle,

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Hansen assumed the role of DSCC executive director, a position he held for all of five months before clashes with the equally aggressive committee chair Sen. Robert Torricelli (D-N.J.) led him to step down and become DSCC field director instead. In truth, the apparent demotion was a good move for Hansen, who is at his best in the field, not managing staff in a Washington suite.

And all might have been well if Hansen hadn't answered the siren call of the consulting world. It's not hard to understand why many political operatives become consultants—when you work for a campaign, you do a lot of work for one candidate and draw one salary; when you work as a consultant, you do similar work for several different candidates and collect several different paychecks. But you also dilute your focus and divide your loyalties. Moreover, individuals who excel in a specialized area like polling or fieldwork typically try to migrate to higher-paying, higher-prestige work as strategists and message maestros. Shrum is, by all accounts, an excellent wordsmith, but he has no genius for strategy and very little feel for what makes Middle America tick—he is, after all, best known for writing a concession speech for Ted Kennedy's failed presidential bid in 1980. Similarly, Chris Lehane and Mark Fabiani are two of the most effective opposition researchers and spinmeisters in the business. But they were out of their depth when they took charge of retired Gen. Wesley Clark's run for the presidency as his lead consultants.

Hansen is no exception—he is brilliant at executing campaign tactics in the field but as a consultant he is not playing to those strengths. Candidates who used Hansen as their direct mail consultant in 2002 found that he was less than adept at turning his field magic into effective campaign products. "He didn't do a heck of a lot of work," said a senior staffer from one losing campaign who described rewriting most of the direct mail products that Hansen submitted. "We did the creative, and he collected the cash." Staffers from several other campaigns that had worked with Hansen expressed the same frustration.

How does Hansen defend his performance and the seeming conflict between his roles as DSCC representative and private consultant? Not very aggressively. After I made numerous attempts over two weeks to get an interview with Hansen, he replied with a one-paragraph email, in which he listed the three victorious senatorial and three winning gubernatorial races that his company had worked on this fall, and concluded, redundantly, "Our firm has an unmatched record of success that no other firm can match." The email came from Hansen's DSCC account.

His consultant's hat

It's important to understand that even for experienced politicians—mayors, governors, representatives—a Senate run can be an intimidating challenge. It involves courting an entirely new world of donors by proving to Washington fundraisers and party leaders that you are a serious contender. Jeremy Wright, who served as the political director for Oregon Senate candidate Bill Bradbury's race in the spring and early summer of 2002, says that candidates are almost required to run two parallel campaigns, "one to get voters to vote for you and the other to get D.C. money by putting together the right consultants to show you're for real." For Democratic candidates in the few targeted races every cycle that are actually competitive, winning without the financial support of the DSCC (or its sister organization, the Democratic Congressional Campaign Committee) is nearly impossible. While the candidates are grateful for the infusion of cash in the form of committee-sponsored polling, fliers, and commercials, the money comes with strings.

Officially, no favoritism exists. "We don't push one consultant over another," a DSCC spokeswoman told me. "It's more of an informational thing, telling candidates about good people who do a lot of Senate races." But Democrats who have worked on targeted races describe a reality in which they are strongly encouraged—often with the reminder that precious funds hang in the balance—to select recommended consultants. "The campaign was pretty paranoid about making sure the DSCC was backing us," explains one veteran of an unsuccessful 2002 Senate race. "We needed the cash. So of course, we were going to go with the consultants they recommended."

No one was in a better position to take advantage of this power relationship than Hansen. As the first man-on-the-ground, his contact with budding campaigns was early and often. "That person has a very large advantage in being able to shape the team," one of Hansen's consulting competitors told me. "You bond with the candidate from the get-go at a pretty stressful time when they're deciding whether to run and how to do it." Another Democrat who has worked with Hansen complains, "Joe is a pretty egregious example of a guy who is sent out as the official representative to help candidates plot their campaign plan, and then when he gets to direct mail, says, 'Oh, by the way, let me switch hats for a second—I happen to do direct mail.'"

The situation puts candidates—who are loath to alienate the campaign committee whose financial assistance they desperately need—in a tricky spot. Even when working with experienced consultants, candidates need to retain some ability to disagree with a proposed idea or strategy. That's hard enough when the consultant is recommended by the party committee. But when the consultant actually *is* the party committee, the candidate's discretion stays sealed in a tight box. "It was an interesting dynamic, I'll say that," Wright

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One Democrat who has worked with Joe Hansen complains, "Joe is a pretty egregious example of a guy who is sent out as the official representative to help candidates plot their campaign plan, and then when he gets to direct mail, says, 'Oh, by the way, let me switch hats for a second—I happen to do direct mail.'"

says. "When Joe signed us up, he was on staff for the DSCC. We'd work on DS[CC] stuff during the day, and then he'd take us out to dinner and put on his consultant hat."

The level of their incompetence

This Peters Principle effect of Democratic operatives rising—or muscling their way—up to the level of their incompetence, happens for a simple reason: The consultants are filling a vacuum. After all, someone has to formulate the message that a candidate can use to win the voters' support. Conservatives have spent 30 years and billions of dollars on think tanks and other organizations to develop a set of interlinked policies and language that individual Republican candidates and campaigns can adopt in plug-and-play fashion. Liberals are far behind in this message development game. Indeed, most Democratic elected officials have been running recently on warmed-up leftovers from the Clinton brain trust, ideas which were once innovative but are now far from fresh. With little else to go on, consultants—many of whom came to prominence during the Clinton years—have clung to old ideas and strategies like security blankets. "Democratic consultants are being asked to fill a role they're not suited to," says Simon Rosenberg, head of the New Democratic Network, "to come up with ideas and electoral strategy in addition to media strategy."

Rosenberg hints at a second Democratic deficit: The party has no truly brilliant strategists in positions of power. Such talent is always rare in both parties and tends to come out of the political hinterlands, often as part of a winning presidential campaign team. Jimmy Carter's 1976 campaign was waged by a crew of Georgia political operatives with the help of unconventional pollster Pat Caddell. Four years later, Reagan defeated Carter by relying on a California-based gang of professionals. James Carville and Paul Begala were largely unknown before they took Bill Clinton to the White House. And outside the South, the team of Karl Rove, Karen Hughes, and Mark McKinnon weren't much less obscure when they put together the strategy for George W. Bush's winning 2000 campaign.

Republicans have proven much more adept than Democrats at giving their best talent a national stage. While Democrats have permitted a Washington consultancy class to become comfortably entrenched, Republicans have effectively begun to pension off their own establishment. "The D.C. consultants for the GOP have their list of clients, but they're definitely on the outside looking in," Chuck Todd told me. "The Bush people have been very careful to give them work…but they're not in the inner circle." In 2004, seasoned Washington media strategist Alex Castellanos paid the bills with a handful of safe congressional races and a few unsuccessful primary challengers. Meanwhile, nearly every tight Senate race (North Carolina, Alaska, Oklahoma, South Dakota, Florida) was handled by a Tampa-based firm, The Victory Group.

Republicans, of course, don't have any natural monopoly on strategic talent—they just give their best young strategists chances to run the biggest national races. In all likelihood, there is another Karl Rove or James Carville out in the Democratic hinterlands, who ought to be playing essential roles in the most important races. It might be David Axelrod in Chicago, who developed the media strategy for the then-unknown Sen. Barack Obama's (D-Ill.) primary campaign; West Coast strategists Paul Goodwin and Amy Simon, who helped Democrats regain the legislature in Washington state; or even unconventional. D.C.-based consultants like Anna Bennett, the pollster who engineered Melissa Bean's upset of veteran Rep. Phil Crane (R-Ill.) in November. But any new talent will likely remain on the national margins—running races for Congress and judgeships—until someone breaks up the consultant oligarchy.

The electoral system takes care of dead weight when it comes to politicians. The proof is in the political wreckage evident after yet another year of Democratic defeats at the polls. Dick Gephardt—after 10 years at the helm of the Democratic minority in the House—has decided to go back home to Missouri. John Kerry is returning to the Senate instead of stretching out his legs in the Oval Office. The consultants, however, live on. After pocketing a $5-million paycheck following the election, Shrum is back from a vacation in Tuscany and now advising Sen. Jon Corzine's (D-N.J.) gubernatorial race. Mellman, whose advice helped sink Democrats for two consecutive campaign cycles, continues to line up clients. As for Hansen, his connection to Daschle may not help him now that the South Dakotan has vacated the Democratic leader's office. But don't cry for Joe Hansen—he's the consultant for incoming Senate Minority Leader Harry Reid. ◆

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Analyze This

Inside the one spy agency that got pre-war intelligence on Iraq—and much else—right.

By Justin Rood

In August 1998, North Korea's military caught Western intelligence off-guard when it announced it had successfully tested a ballistic missile called the Taepo-Dong 1, considered a precursor to the kind of intercontinental weaponry that could threaten America's Pacific coast.

Conservatives in Congress condemned the CIA for being caught with its pants down. Brandishing a report by a committee headed by the once and future Secretary of Defense Donald Rumsfeld, which called rogue states with missiles the biggest threat to American security, these same conservatives pressed the Clinton administration to set aside money for a missile shield. In an effort to play catch-up, the CIA put a team of its best analysts on the case, sorting through satellite photos, tips from defectors, and electronic intercepts to determine how close North Korea was to possessing intercontinental missiles. Six months later, Director George Tenet delivered the CIA's conclusion in testimony before the Senate: Contrary to its own earlier analysis, the CIA now believed that North Korea would test an intercontinental missile in the "near future." In response to this new threat, the Clinton administration earmarked $6.6 billion over five years to develop a missile-defense system.

CIA analysts weren't the only ones poring over the data, however. Throughout the government, other intelligence agencies were looking at the same material, and one of these shops came to a markedly different conclusion. Over at the State Department's Bureau of Intelligence and Research (INR), analysts argued that the North Koreans were much farther off than the CIA believed. North Korea could potentially threaten the United States within a decade "only if it abandons its current moratorium on long-range missile flight testing," Tom Fingar, then-acting principal deputy assistant secretary of INR, testified before Congress in February 2001. Although the White House and Congress accepted the CIA's analysis, INR ultimately proved to be correct. In the five years since Tenet's testimony, North Korea has yet to test an intercontinental ballistic missile.

This wasn't just a case of dumb luck for INR. Over the last decade, INR has frequently arrived at more prescient conclusions than the CIA and other intelligence agencies about the nature of threats to the United States. In 2001, when U.S. intelligence agents intercepted a shipment of aluminum tubes bound for Iraq, CIA analysts concluded they were for uranium enrichment, proof that Saddam Hussein was building a secret nuclear-weapons program. The INR, working from the same body of intelligence, concluded (rightly, it turned out) that the tubes were more likely intended for conventional, not nuclear, weaponry.

Indeed, on the whole question of Iraq's nuclear capabilities, INR came consistently closer to the truth than did other agencies. The intelligence community's collective analysis on this issue was assembled by CIA Director Tenet in a 2002 National Intelligence Estimate, a document that contains the consensus of all the government's intelligence agencies: the CIA, FBI, NSA, and intelligence groups at State, Energy, and Defense, among others. The 2002 estimate included the crux of the case that the Bush administration would present to the American public and the world in arguing for war. And the document's conclusion—that Iraq was three to five years away from being capable of building nuclear weapons—convinced many Democrats and other skeptics that a war in Iraq might be justified. But when INR received a draft of the estimate, it balked, believing that other intelligence agencies had vastly overestimated the

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status and capability of Iraq's nuclear program. INR thought the whole report was flawed; rather than including minor objections to specific statements, it took its name off of the estimate and detailed its objections in one long endnote. Of course, when American soldiers and U.N. inspectors combed through Iraq in the wake of the U.S. military conquest, what they found—and didn't find—confirmed INR's suspicions. The rest of the intelligence community had gotten it wrong again.

INR hasn't always called it right. The agency joined the rest of the intelligence community in greatly overestimating Iraq's chemical and biological weapons capability. And there have been some matters which the CIA has gotten right and INR wrong. INR dissented when the CIA concluded that Pakistan was selling M-11 missiles to China in the 1990s, though it turned out that the sales actually were taking place. Still, INR's overall record has been impressive. Richard Clarke, a former counterterrorism advisor to three presidents and a former senior INR official, called INR "the intelligence-analysis organization with the best track record for accuracy."

In the wake of Congress' restructuring of the U.S. intelligence establishment, the new national intelligence czar faces a mountainous task: compelling the CIA's cowed and moribund intelligence collectors to get out into the field, coordinating disparate and warring bureaucracies, and coping with an ever more shadowy and cunning terrorist threat. Perhaps the new czar's most critical job will be improving the performance of analysts at the nation's intelligence agencies—the people who look at the material, connect the dots, and decide what it means. Thankfully, INR provides a terrific model for how the analytic shops at different agencies should operate. The new czar need only learn its secrets: that its performance derives from its analysts' high quality and depth of experience, from their facility with foreign languages, from their human contacts within the regions they study, and, most importantly, from an institutional culture that does not just tolerate dissent—but actually encourages it.

No plans to grow

It may be one of the smallest and least-noticed intelligence agencies, but INR developed a track record early on in its history of getting the big questions right. The office was cleaved off from the World War II Office of Special Services (OSS): OSS' operations department became the CIA. But its analysts were moved into a new agency under the auspices of the State Department: INR. From the beginning, its mission was to provide the secretary of state with independent analysis of the intelligence gathered by Foreign Service officers and other agencies on the primary threats of the day. And though the CIA, NSA, and other agencies grew into mammoth structures during the Cold War, some adding analytic divisions to their operations forces while vastly expanding their collection capacities (spies, satellites), INR stuck to analysis. Interpreting data other people collect isn't terribly glamorous, but INR developed a reputation in spy circles for its accuracy and judgment.

In the 1950s, the bureau's assessments of Soviet military capability were more accurate than the often-inflated opinions coming from the CIA and the Pentagon, says John Prados, an intelligence expert and historian at the National Security Archives. "State Department intelligence," he writes, "helped to hold projections made by the military services within some sort of bounds." And during the 1960s, INR held fast to its belief—later proven true—that the Russians were not testing missiles with multiple, independently-targetable nuclear warheads, despite the Pentagon's insistence to the contrary, and the CIA's willingness to bow to that hawkish view. During the Vietnam War, INR analysts looked at the military's own data on the number of enemy prisoners captured, enemy attacks, and weapons confiscated, and concluded that the war was not going as well as defense officials were claiming. It was a heady moment for the civilian analysts at INR, taking on the military establishment on a military topic using the military's own data. The Pentagon was outraged, says Prados, but again INR turned out to be right.

Today, while the CIA operates out of a gleaming campus on the Potomac, and the NSA inhabits a similarly futuristic enclave in Fort Meade, Md., INR has a set of grad-student-like digs in Foggy Bottom. The nondescript offices in the State Department's headquarters sport repainted ceiling tiles that buckle at the seams, linoleum floors, and narrow hallways.

I went there recently to interview the agency's head, Tom Fingar, a tall man with hair more salt than pepper, round glasses, and a pensive demeanor. The office, spacious and wood-paneled as a dean's redoubt, matches the personality of its occupant, a former academic and China scholar. Today, INR is still small and obscure. At $50 million, its budget is "decimal dust," Fingar said, when compared to the estimated $40 billion spent by the rest of the intelligence community. Experts estimate the CIA has between 4,000 and 7,500 analysts, and are under presidential orders to increase that number by 50 percent; INR has approximately 160 analysts with no plans to grow.

Knowing the mad scramble for billions now underway as government agencies compete for funds that Congress can't seem to give away fast enough, I pressed Fingar about whether his agency could use more money. The director considered the question before answering. "Does it matter for our people to ride coach instead of first class? I don't think so. Would I like more? Yeah, a little more. I don't know what I'd do with more than a 10 percent increase," he concluded. "I could use more flexible money to let someone travel to get their language

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skills back. But we're in good shape."

"It's weird," former CIA officer Robert Baer told me a couple of days later, after praising INR's work. "But not having money in Washington seems to help."

My buddy Vladimir Putin

Funding might or might not have anything to do with INR's success. But when I asked dozens of intelligence operators worldwide why the office has been so successful, I got several consistent answers.

The first reason seems to be that INR analysts simply have more years on the job, focused on the same country or region, than do their counterparts elsewhere. The average tenure of an INR analyst is 15 years, whereas at the CIA, where analysts typically change beats as a way of advancing their careers, the average tenure is more like five years, according to sources. "The difference," former INR director Carl W. Ford, who previously spent years at the CIA, explained to me, "is having one experienced person looking at material versus 25 inexperienced people."

Second, INR gets a different kind of analyst. The CIA, under the gun to staff up mightily after its ranks were thinned by budget cuts in the 1970s and 1990s, tends to recruit kids right out of college and train them in their new "specialties." (All new CIA hires must be under 35 years of age, although that requirement is occasionally waived.) And while the CIA's young analysts occasionally travel to their countries of responsibility and bone up by reading at their desk, they have little first-hand experience of their regions. INR couldn't be more different. Among the civil servants who make up two-thirds of its staff are many scholars lured out of the academy who come with years of knowledge. Fingar is one of them: He spent a decade-and-a-half as a scholar at Stanford's U.S.-China relations program, speaks fluent Mandarin, and has traveled widely in China. The other third of INR's staff are Foreign Service officers rotating through who usually have spent several diplomatic tours in the country or region they are focusing on at INR, and who thus have both a reservoir of knowledge about its personalities and history, and a deep well of personal contacts.

Typical is John Evans, who was a senior analyst at INR's Russia desk before taking his current post as ambassador to Armenia. During the early 1990s, Evans worked at the U.S. consulate in Leningrad, where he spoke on occasion with the city's mayor, Anatoly Sobchak. His usual contact, however, was Sobchak's deputy, Vladimir Putin. "Imagine the CIA," says Greg Thielmann, a former strategic director of INR, "with a whole stable of bright young college grads in their twenties looking at all the evidence about Putin—and, over at State, you've got a guy who's worked regularly with him."

The third reason INR tends to get it right is that because many of its analysts have been in the field as Foreign Service officers, they have a better sense of how intelligence is collected. Consequently, they know when it should be looked at critically in a way that CIA analysts—few of whom come over from CIA field jobs—don't. In most embassies, Foreign Service officers work down the hall from CIA case officers and in many cases do similar kinds of work: collecting information, sometimes from the same sources. "The difference between the State Department and the CIA is that the CIA pays for information, and State doesn't," explained former CIA officer Baer, and the reliability of paid-for information is often questionable. Moreover, to protect the identity of sources, CIA field reports are typically written with little explanation of where or from whom information came. INR analysts, who from experience have learned to be suspicious of some sources—for example, exiles—tend to give the CIA's more selectively sourced intelligence less credence. In general, Thielmann said, he was more skeptical of human intelligence that came from the CIA, and he thought that was true of other Foreign Service officers he worked with at INR. Although, Thielmann noted, everyone at INR was pretty skeptical. "I was surrounded by civil service analysts with the same skepticism, which came from watching bad reports out of Iraq and elsewhere. We took a jaundiced eye towards this stuff."

The fourth and most important reason for INR's success is that the agency has a culture that tolerates dissent. The lasting criticism of the CIA that the 9/11 Commission produced was of the Agency's tendency to shoehorn evidence to fit the results that the higher-ups desired. The commission criticized the CIA for having a culture of compliance, not disagreement. If anything, INR displays the opposite impulse: One former INR official told me that the office is a "small band of curmudgeons."

There's no better example than the case of the aluminum tubes. When American intelligence operatives seized a shipment of these tubes headed for Iraq in late 2002, one CIA analyst with some professional experience of working with centrifuges concluded that the tubes were destined for use in uranium enriching facilities. Most of the rest of the intelligence community, working in an environment in which the president and his top appointees were demanding evidence of Iraq's continuing WMD programs, signed on with this view. But analysts at the Department of Energy's intelligence shop, whose expertise on these technical matters dwarfed that of the CIA, were skeptical, arguing that the tubes were far more likely intended for use in building conventional rockets since the Iraqis had used the same kinds of tubes to that purpose in the past. Though this wasn't the politically popular answer, INR agreed to DOE's analysis, the only other agency to dispute the CIA's line.

It is hard to overstate the importance of the alu-

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minum tube issue. It was supposedly the smoking gun, the piece of the administration's case for war against Iraq that made all the other pieces fall together. "Remember," David Kay, the chief American arms inspector after the war, told *The New York Times*, "the tubes were the only piece of physical evidence about the Iraqi weapons programs that they had." In his speech to the United Nations making the case for war with Iraq, Secretary of State Powell split the difference, acknowledging that there was a debate over the tubes, but arguing strongly that they had been intended for uranium enrichment, a view his own analytic shop thought wrong. Other senior administration officials were even less circumspect.

A culture of dissent must be nurtured and protected if it is to thrive—and State has usually given INR the requisite political insulation. After Powell mentioned the CIA's conclusions about the aluminum tubes in his speech at the United Nations, retired INR analyst Greg Thielmann criticized Powell publicly, telling "60 Minutes II" that the speech was "probably one of the low points in [Powell's] long, distinguished service to the nation." But far from shunning Thielmann, the State Department kept him in its good graces: Last September, when Fingar followed Powell into State's grand, eighth-floor Benjamin Franklin Room to be sworn in as assistant secretary of State, one of the people invited to watch was Thielmann. For analysts, the symbolic embrace of Thielmann affirmed something they'd always been told INR believed: Productive dissent was encouraged. That's unique in intelligence circles. Every ex-Langley hand I interviewed agreed with former CIA operations officer Melissa Boyle Mayle, who said her agency would never be as forgiving towards one of its internal critics. "If you're out [at the CIA], you're out," she told me. "You're one of 'them.'"

Part of the reason that INR enjoys this level of protection is institutional. The State Department's staffers, by virtue of their responsibilities, simply must be open to the points of view of the countries with which they conduct daily diplomacy. There is an inherent tension within the State Department between cooperating with the White House and coordinating with the rest of the world. That tension creates a market within the department for objective analysis, a need for an honest broker. "This building understands we're useless if we're not objective," Fingar told me. "If you want an echo, close your door. Or sing in the shower."

Another part of the reason for INR's insulation has to do with the kind of people who have led it. INR analysts give former INR director Ford, for instance, tremendous credit for shielding the bureau from political pressure. "Carl earned the respect of people in the bureau for standing up for the work of the bureau," Thielmann told me. "He even stood up to the CIA."

Even secretaries of state have understood how valuable INR can be when it is protected. When the Bush administration asked Powell to deliver its case for war to the United Nations in January 2003, it turns out it already had prepared the speech for Powell to give. The CIA had been working on it since December 2002. Before he did, Powell secretly passed the text to INR analysts for a thorough going-over, cutting the more egregious claims in the speech. Keeping the transaction private protected INR.

In the company of wolves

Not everyone in Washington is a fan of INR. Many neoconservatives especially see the agency as a threat to the more vigorous military project they advocate. In *The Washington Times* in August 2003, former Reagan White House official Frank Gaffney Jr. lamented the purported bias of INR's career civil servant experts. "This bureau's intelligence products have tended to reflect the policy predilections of State's permanent bureaucracy, rather than the facts." But there's a simple bottom-line test for intelligence: Who called it right most often? And on the big questions, INR has consistently gotten right what other agencies have gotten wrong.

That's certainly the conclusion the 9/11 Commission came to. While the commission recommended that the CIA, DIA, and most other intelligence agencies be gathered together under the office of a new intelligence czar, it also urged that INR be kept away from the czar's jurisdiction because its independent analysis had worked so well. Congress agreed. When it passed legislation in December creating the Office of National Intelligence, INR was one of the few intelligence agencies left out of the reorganization.

Congress also concurred on another commission recommendation: that the new czar should try to foster in all intel agencies the same culture of dissent that thrives at INR. The new law specifies a checklist of procedures the czar must implement to encourage openness and criticism, from mandatory reviews to see if analytic judgements match the underlying intelligence data, to a government-wide ombudsman to handle any complaints by analysts of political pressure from higher-ups.

But in the end, the intelligence czar answers to the president, and will promote a culture of questioning only to the extent he is ordered to, and thus far, President Bush has not been known for his encouragement of dissenting views. Similarly, INR can continue to thrive as Washington's most prescient intel shop only if its independence is promoted and defended by the secretary of state. Already, rumors are rampant at Foggy Bottom that Condoleezza Rice, the president's choice to replace Powell, has orders to enforce more policy and message discipline at State, and plans to oust dissidents, including top officials at INR. On the eve of Bush's second term, then, the big question is this: Will the rest of the intelligence community end up looking like INR, or will INR end up looking like the rest of the intelligence community? ◆

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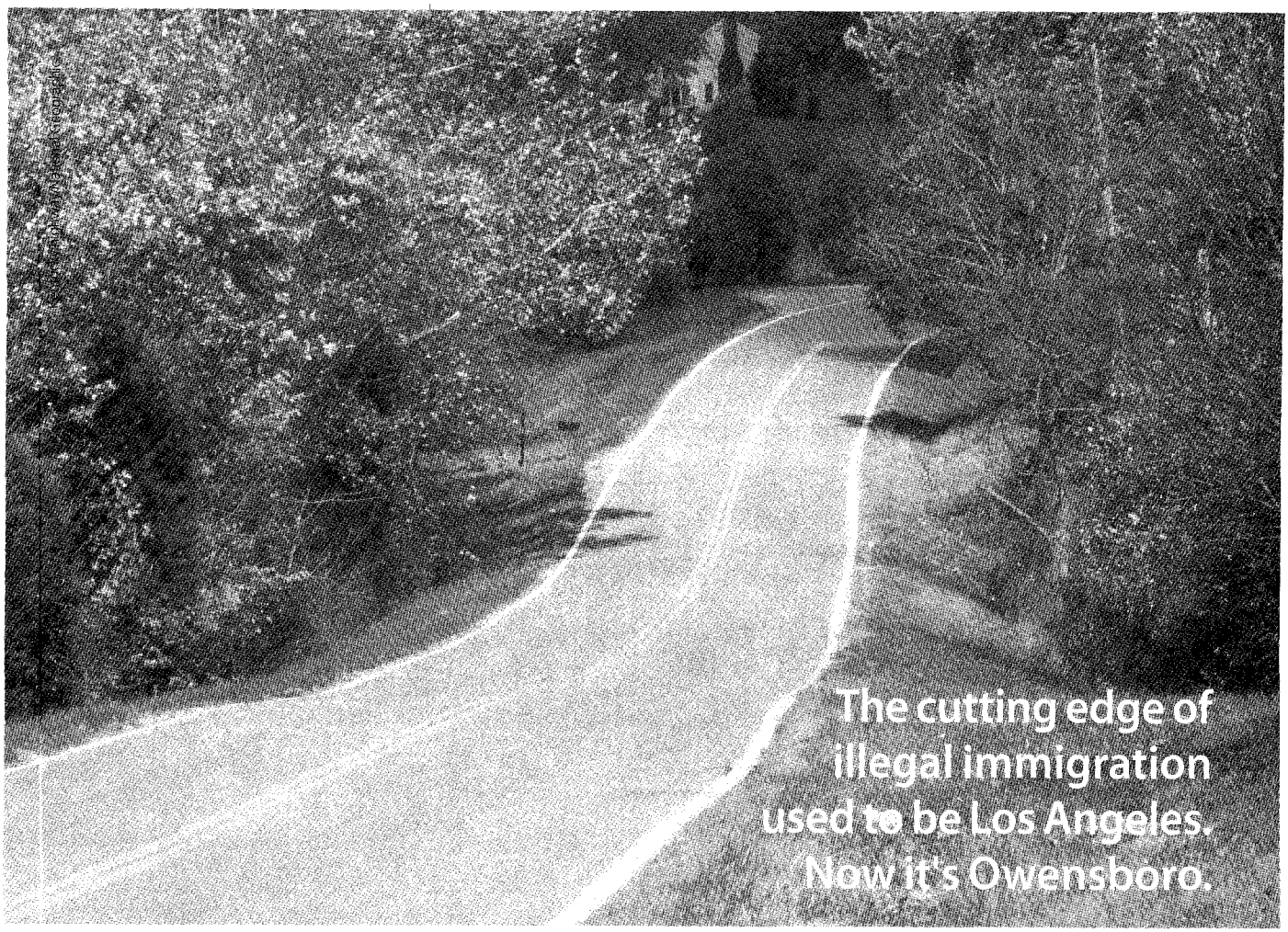

The cutting edge of illegal immigration used to be Los Angeles. Now it's Owensboro.

My new Kentucky home

By Peter Laufer

Photos by Sheila Swan Laufer and Peter Laufer

Route 77 is a small road, an east Texas highway that runs north from Brownsville to Corpus Christi, past the spring break resorts of the Padre Islands. There it connects to Route 37, which takes you to San Antonio. If you turn on Route 35, you'll pass Dallas en route to Oklahoma, following a sagebrush express highway built to cut across nearly empty counties and link the far-flung commercial centers of the Southwest and heartland to one another. From Oklahoma City, you get a choice of destinations, each of them places where Middle America dwindles out into the countryside: west to the panhandle, north to Kansas, east to Arkansas or Missouri, and, eventually, Kentucky. Drive long enough on this route, and you begin to remember the value big interstate roads like these had in allowing farmers to bring their products to market more easily. Step off the road now and then, though, and you begin to notice something else: This set of ur-red state roads has become a main artery for immigration.

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When they were not following the harvest, immigrants from south of the border once clustered in a few big cities: Los Angeles, Phoenix, Dallas, Houston, Chicago, Denver. By the 1990s, that roster had expanded: meat-packing plants in rural parts of the country, unable to seduce native labor, starting hiring workers off the streets of Veracruz and Morelia, and little Mexican communities started popping up in places like Kennett Square, Pa., and Dalton, Ga. But during the last decade, Mexican immigration has gone through a third iteration: Mexicans are now simply everywhere in the United States. They are in places with no established Hispanic communities, meat-packing plants, or need for temporary agricultural workers. They are becoming a fixture in middle America. Alabama's Hispanic population more than tripled during the 1990s, for instance. Georgia had 108,922 Hispanics in the 1990 census, 1.7 percent of the population; by 2000, that population had tripled, and Hispanics now account for more than 5 percent of the state's population. Between 1990 and 2000, the number of Hispanics more than doubled in states from Kansas to Oregon to South Carolina. A decade ago newspapers like the *Los Angeles Times* and the *New York Daily News* were experimenting with Spanish-language editions. Now *Dallas Morning News* has one, and *Orlando Sentinel*, too.

Changes this profound in the make-up of the heartland communities are unlikely to happen in the political dark, and, indeed, are beginning to make themselves felt in the national debate. Red state, largely Republican lawmakers are going home to districts where their constituents are shocked and concerned that communities that were once 99 percent native-born suddenly have 10, 20, 30 percent immigrants, most of whom are undocumented. They speak different languages, have a different culture, and are competing, or at least seeming to compete, for lower-level jobs.

The alarm is so high that these heartland legislators are willing to go up against their own president on key immigration policy matters, even though his policies are driven at least in part by an effort to win Republicans a permanent, larger share of the Latino vote. We saw that most recently when the president's intelligence reform was nearly derailed over demands by conservative house members for stronger crackdowns on the border. Meanwhile, there's a growing revolt by House Republicans against the president's plan to create a guest-worker program. (The Bush plan would allow immigrants to apply for a three-year work visa if they are offered a job by a specific employer, an employer who can certify no U.S. citizen is available for the job. One three-year renewal would be allowed, but the worker could not switch employers if his sponsor no longer needed him.) Bush's guest worker program not only ticks off his party's conservative base, it fails to fix the problem it's supposed to solve. The truth of this is no better illustrated than by visiting the places that are the cutting edges of immigration. Ten years ago, that was southern California. Today, it's Kentucky.

"Some people we are stupid"

Bowling Green, Ky., suffers from ludicrous city planning. The gracious historic city square and most of the surrounding businesses struggle to compete with the endless strip malls along miles of four-lane Scottsville Road, the route from the eviscerated downtown to the interstate highway. At Ford's Furniture along Scottsville, the marquee alternates flashes of *12 months free financing* with *God Bless America* onto the oversized parking lot. From Ford's eastbound, the blight includes the Montana Grill and Tumbleweed restaurants, a Buick and Chevrolet dealership with acres of blacktop and cars, the Home Depot and Best Buy, the vast new Kroger supermarket and its adjoining strip mall.

The people who work at the low end jobs in these places and who man the chicken processing plant and dairy farms in the surrounding hills live in what has historically been Bowling Green's black section. The neighborhood still looks rough but is changing rapidly. Burned-out and boarded-up houses sit alongside tidy bungalows. This wrong side of the tracks is filling up with Hispanics. They can shop at the local general stores named La Mexicana and La Perlita, the Mercado Hispano and Los Camaradas. Prominent banners on the façades of these stores offer the services of express companies that will ship money to Mexico and other points south. They do a big business in prepaid telephone cards that offer cheap rates for calls to Mexico. The marquee on Teresa's restaurant urges, *Pray for our troops—Open 6 AM.* Nearby is La Luz del Mundo church. Up the street is Don Chuy's bar and dancehall, its advertising limited to a simple, *Baile Vie. Sab., Dance—Fri. Sat.*

Professor David Coffey lives in a revitalized Victorian home on a tree-lined main street in Bowling Green. Coffey, ever jolly, middle aged, and definitely white, is an agricultural sociologist at Western Kentucky University, and he's found plenty to study in his rural home state, where he's watched the Latino population grow at an astounding rate, nearly tripling between the 1990 and 2000 census. "They're working in tobacco, landscaping, horse farming, poultry processing, fruits and vegetables, and forestry," he told me. "These are the people who roof our houses, mow our lawns, paint our houses, wash our dirty dishes in restaurants, and clean our dirty laundry in hotels." Coffey estimates that only about 15 percent of the Latinos now living in Kentucky have legal immigration status.

"They come across in trucks," Coffey says he's learned, "usually in eighteen wheelers. They have fish or fruit or ice or something, and the people are in the middle. We're talking forty to eighty people in a truck." Once these trucks are well north of the border, the human freight is transferred to smaller vans that fan out across the country. A couple of years ago, worried about relationships getting testy between native Kentuckians and the newcomers, Coffey got a grant to teach English to the Mexicans and Spanish to the Americans, in the same classroom. This has only increased knowledge of how the illegal immigrant railroad works. Since then, he's come to

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Peter Laufer has reported from Mexico and the Borderlands for more than 20 years. This article is adapted from his latest book, *Wetback Nation*, published by Ivan R. Dee. Copyright 2004, Peter Laufer.

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understand the patterns of immigration to this part of the world, how Hispanics (nearly all of them Mexicans) get here and why. "They usually drop them off at a truck stop in St. Louis or Memphis. They give them $60, and then they call for someone to pick them up. Family members. We have one I'm concerned about who should have been here Saturday, and he hasn't arrived yet. I don't know what happened. He may have been picked up. But eventually they get here, regardless of the law."

One evening when we share a meal at a Mexican eatery, Coffey introduces me to the employees, many of them relatively fresh from south of the border. "They work for three or four dollars an hour when they first arrive, working 10- and 12-hour days," he tells me. "They get one day a week off and all they can eat." When the busboy has caught up with his work hustling dishes, Coffey motions him over to our table. The busboy is a newcomer, just arrived in the United States a few weeks earlier but proud and happy to show off the few English phrases he's already learned.

"How are you?" He smiles. "Want more soda?" He smiles again and then offers, "I love you, baby!"

The busboy will likely be working long hours for low pay until he earns back the two thousand or so dollars it cost in coyote fees to get across the border. Coffey points out a table where a young white couple is eating, washing down their enchiladas with Mexican beer. They are probably college age, but not necessarily of legal drinking age. "The help asks them for proof of age," Coffey explains. "Then they study the license, give it back, and serve the beer. Of course, they can't read."

As the influx of Mexican workers became apparent on the streets of Bowling Green, some old-timers worried. They were suspicious of the young Mexican men who lingered in the Wal-Mart parking lot or waited anxiously on the street corners that had come to serve as *ad hoc* hiring halls for day labor, worried both that the men might be violent and that their own jobs would come under threat. As the Mexican community has become a more permanent feature of Bowling Green's landscape, and as programs like Coffey's language tutoring have proliferated, those initial tensions have eased—but not been fully erased.

The restaurant manager, who asks me to call him Israel, walked across the border several years earlier. I ask him why he chose to stay in Bowling Green. "Because no problems," he tells me. "In California and New York *hay muchos problemas*."

He's speaking Spanglish. "Here there are no problems and lots of work. The Americans of Kentucky," he says, "are *muy amables*," kind and friendly. "There are no problems because Mexicans work hard." He believes Coffey's estimates are high, and that only about 5 percent of the Latinos in Bowling Green are legal. But he points out that all of them carry papers testifying to their legal status. A set of U.S. identification papers, from a driver's license to a Social Security card, takes about three hours to procure on the Bowling Green black market. The going rate rarely exceeds twenty dollars a card.

Even though Israel himself has no legal papers, he doesn't favor an open border between his old and new countries. "The problem in the states is too many peoples, you know? If they open the border, everybody will want to come to this country. This country is number one in the world and it's really nice, and I know that this country is nice to everybody, but see, look what happened September 11th because they give a chance to anybody coming here. I don't say that everybody is mean. Some people we are nice, but some people we are stupid."

Bunk house with satellite dish

Not all employers rely on illegals. Some of them, like Joe Elliott, struggle against all odds to play by the rules. Elliott is a fourth-generation Kentucky farmer with a spread in Owensboro, an hour-and-a-half's drive from Bowling Green. We meet on a crisp autumn day in late November, the peak of the tobacco production season. Elliott is a stocky man, and his work pants are cinched up tight against his belly. His striped work shirt shows off a patch announcing Elliott's Farms. He's wearing a windbreaker against the morning chill, and on his head is a camouflage baseball cap courtesy of the South Central Bank.

"Hey, your hands are cold," his wife Mary Sue's welcome is warm. Mexican music is blaring from the tobacco-drying barn. There the crop is being sorted by type and color—the richer the golden brown, the higher the quality of the leaf. Workers are "stripping the 'baccer," pulling the leaves off the tobacco plant stalks. It is time-consuming handwork. The sorted dried leaves are stacked and then prepared for auction. The tobacco season for these workers lasts about four months. One of the Mexican workers stops stripping the leaves for a moment to explain that in those four months he'll earn what it would take him two years to make in Mexico.

A sign high on the wall advises, "This farm has pride in tobacco."

"It's been real good this time." Elliott is pleased with the harvest. The Elliott farm is 90 acres of tobacco and 1,800 acres of corn and soybeans. Fifteen Mexicans work the place, all in the United States legally on H2A visas. "They're really very good," Elliott says. For some of them it's a regular, if seasonal, job. Elliott has been hiring them and bringing them to Kentucky for several years. "We been to Mexico," says Elliott. "We seen their problems."

Elliott says he spends $100,000 to $120,000 a year on labor, up to a third of his gross income, and much of that money goes to Mexico. Under the federal government's H2A visa program for temporary workers (one of the programs President Bush wants to expand), Elliott's responsibilities include transportation and lodging for his workers. He hires a farm labor broker in Kentucky who works with contacts in Mexico to find workers, handles the logistics of bringing them to Kentucky, and satisfies the U.S. government rules and regulations. The broker arranges for visas and passports at a cost of a couple of hundred dollars for each laborer.

"I have probably a few more than I need," Elliott says. "But I don't mind. One of my workers, Alex, stayed home five months and worked construction about ten hours a day. When he finished each day, what he could find to eat somewhere he cooked on the job site. He got cardboard and slept

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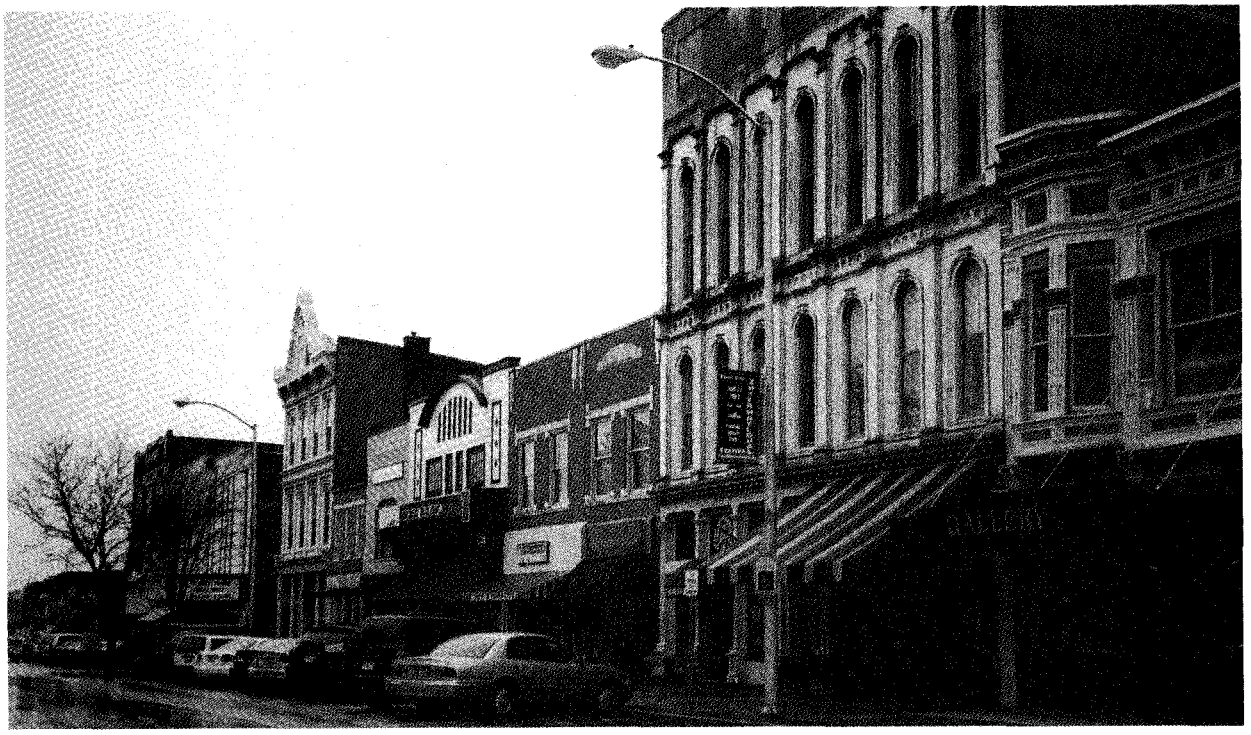

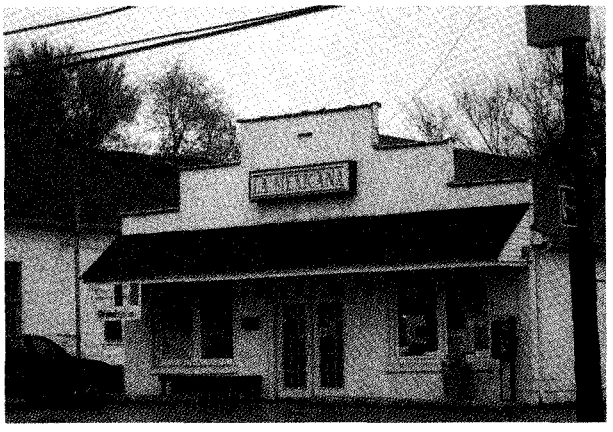

Its immigrant community is now an established fixture of Bowling Green, Ky. Adjacent to its historic downtown (above), the town includes Mexican churches (left) and general stores (right).

on the job site. For a dollar an hour. He's up here working for $7.20. You think he ain't happy? Now he's got a new baby who was born two months early, who needed lots of care. Where was he at? Right here. Did he want to go home? Yes. Could he go home? No, he needed the money. It cost him $1,500 [for the postnatal care], so he's lost just about everything he's made up here just because of the baby."

Though he believes that those suspicious of the new immigrants amplify the strain they put on local social services, Elliott admits such a strain does exist. "We've had different things—operations that cost $4,000 to $10,000. The hospital has to take care of that. I can't pay it, the Mexicans can't pay it. An operation for appendicitis is $8,000. They can't pay it. They're going to die. What are you going to do? Let 'em die?"

Elliott shows off the two concrete bunkhouses he's built for the workers, quarters that meet or exceed federal standards for H2A workers. "We done insulation. We done it right, all the way around. After work hours they relax. They go fishing here on the farm ponds."

The Kentucky Housing Authority considers Elliott's operation a model for treating farm workers properly. He received a $30,000 grant from the commonwealth to expand one of the bunk houses. "We ended up putting a porch on it. That was really the neatest thing."

Beds are separated with shelves and a clothes rack, offering slight privacy enhanced by curtains. The industrial-looking particle-board walls are punctuated here and there with *ad hoc* decor: an image of the Virgin of Guadalupe, for example, alongside a calendar featuring Old Glory blowing in the wind.

A couch and an easy chair face a television set in one of the bunkhouses. When they're not working, the farmhands watch Spanish language programs via satellite. "That's another $40 a damn month," grumbles Elliott, but he knows the value of such entertainment for people who need to hear their own language.

Joe Elliott sees Owensboro changing around him. "They have filled in all the spots that nobody else wants," he says about Mexican migrants—at the Fields chicken packing

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plant, on farms like his, even at the local Wal-Mart, where immigrants congregate in the parking lot after hours ("Wal-Mart is the nearest thing to a mercado," the community marketplace in Mexico, "that we have in most places," Coffey says.) And even when native workers are interested in the jobs he's offering, Elliott simply prefers to hire Mexicans instead of the available locals. "We had whiteys that could tell you every basketball game in the last ten years: who won, who played, scores. But they couldn't count six 'baccer plants in one pile at any one time. They was 30 workers out of Owensboro here and there wasn't any of 'em could drive a stick shift. Grown men."

H2A workers can only stay in the United States for nine months at a stretch. On the Elliott farm the goal is to finish the tobacco work by the Christmas holidays. "We work our butts off to make that happen, because we understand that any family man that ain't seen his family for four months, it's time for him to go see his family. That's just how it is. We pay their bus ticket all the way back to their house." Elliott is required to buy a ticket only to the border.

"They're not going back"

Joe Elliott bought his farm in 1965. In those days he hired American hands. No longer. "They're not here to hire." It's been several years since he's employed American laborers. "It's not all that bad [for American-born workers], because they got better jobs. Not a part-time labor job, full time. They got benefits. I mean you can work at McDonald's for the same money we're paying here. Anybody who wants to work has got work." But that's not all that's wrecked his native workforce. "There's another thing too. People quit having kids." He can't find a local workforce in the current Kentucky rural younger generation. Without immigrant labor, Elliott says, his farm would be paralyzed.

"Yeah, I'd be out of business." There is no consistent local workforce to work the 40 to 50 hours a week needed to bring in the crops. He pulls out a newspaper clipping about "600 illegals" being caught in the United States. Elliott knows that stopping the influx is impossible; he sees evidence of that fact throughout Daviess County. "There are six million of those guys in the States." But he says he never has liked working with undocumented workers.

"It's really not worth it. Honesty and trying to do something upfront the right way is the right way to do it. If I see 45 loaders, and I could steal a load of corn off of every one of them, that's not the right way to do it. I like to work legally."

But problems loom for Elliott's desire to play by the rules.

"The government is either going to change this thing or it's going to force me to go back to undocumented labor. They're not trying to get along with us. With all their paperwork and regulations, they're not trying to help us at all." Elliott used to hire illegals. But the farmer decided to hire legal workers after rumors started spreading through Daviess County that the INS was planning raids and would seek fines of $5,000 per day for each undocumented workers found working local crops. And Elliott was disgusted with the middlemen he felt forced to deal with to hire workers with stolen or forged papers. "It got so scary that we got out of it. The people that was running the damn thing was so crooked. We was getting guys with visas that belonged to people in Tennessee. It was a whole crooked game."

Employers such as Elliott who want to play by the rules have to get H2A or H2B visas for their Mexican workers—and the process for obtaining either one is forbiddingly complex. To obtain an H2A visa, a grower like Elliott must show that no U.S. citizen wants the work, then solicit workers in Mexico, usually through an intermediary who acts as a fixer. Once a deal is made, the worker goes to the American consulate and secures the visa. The grower must provide transport from the border to the job site and back, along with food and housing during the period of employment. The worker cannot change jobs and must return home when the crop is harvested. A tiny minority of Hispanics working in the United States do so with H2A visas, well under a hundred thousand among the millions. These complications mean most employers don't bother seeking the legal route that Joe Elliott has taken, and most workers don't wait for a legal job, but simply jump the border and join the underground economy. This status quo will continue even if President Bush's guest worker proposal is made law. There is little incentive for a worker to register with the government and become what amounts to an indentured servant to a single employer, an employer who can send him or her back to Mexico if there is any dispute.

And not only are the regulations complicated for both H2 visas, but many able-bodied Mexicans simply can't qualify for them. Anyone caught trying to get into the United States illegally or picked up and deported must wait ten years before being considered for an H2 visa.

Another reason the H2 visas are unappealing to Latino migrants is made obvious by David Coffey's research in Kentucky. "The . . .Hispanics are no longer transient. They're here. They're not going back. They're community members." There's a new little general store in Owensboro, La Reina de Mexico, catering to Latinos: *Tienda, taqueria, y carniceria 100% Mexicana*, it advertises under the big Mexican flag over its front door—Store, taco stand and meat market 100 percent Mexican. The front windows are plastered with billboards selling through tickets on buses running direct to cities in northern Mexico, money-wiring services, and Spanish-language music CDs.

Coffey argues that this increasing permanence is a good thing, economically; a quiet town like Bowling Green would cease to function without its Latino workforce. But not everyone in the town agrees. Whether you agree or disagree, it probably makes sense to help the ones who are in Bowling Green assimilate. But despite the growing Latino presence in Kentucky, little government support is available to help Latinos learn to become part of their communities. That's due, in part, to the fact that they barely show up on official U.S. Census data. Catholic Charities estimates that the Kentucky Latino population is seven times the number cited by the Census; Coffey figures that's much too low, and he estimates it's twenty times the official count. Since most Latinos in the state are undocumented, Census figures are a joke compared

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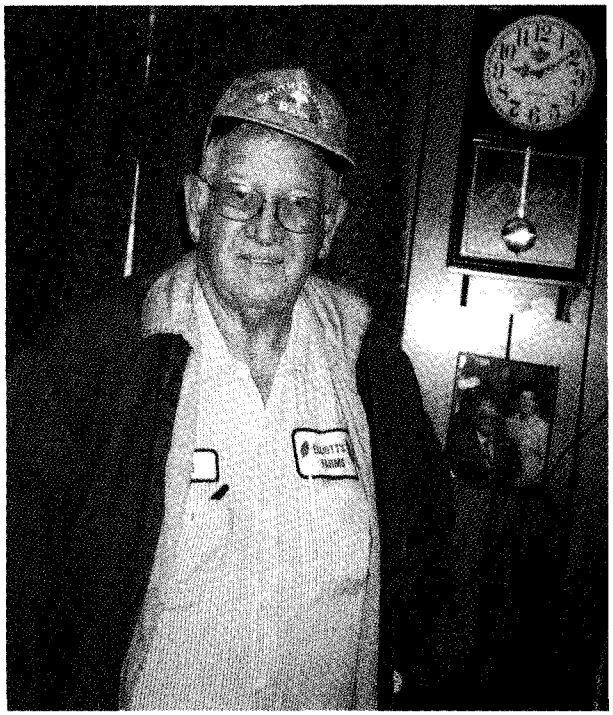

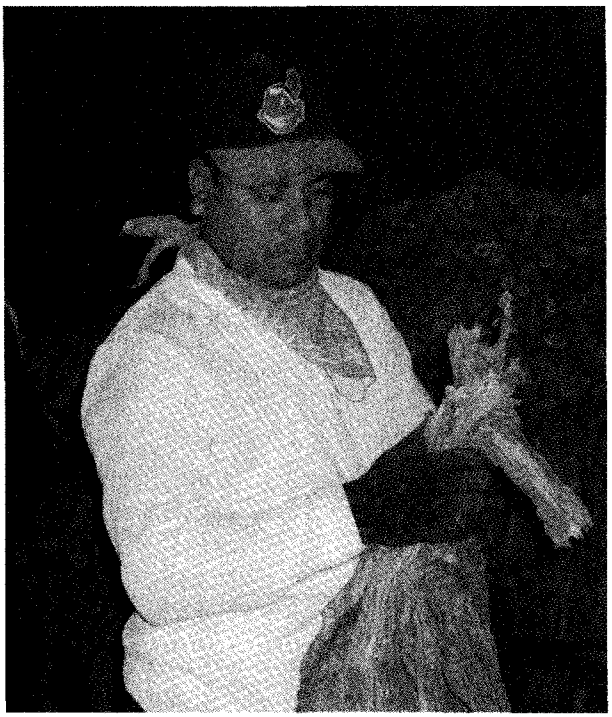

Joe Elliott bought his farm in Owensboro, Ky., in 1965. In those days he hired American hands. But now, he says, "they're not here to hire." Today Mexican music blares from the tobacco-drying barn. **Left**: Elliott. **Right**: One of the 15 workers whom Elliott employs and houses on his farm.

with the real population. "The Census says Bowling Green has 250. We probably have 5,000 or so." Another example he offers is the crossroads town of Albany, where the Census lists only five Latino residents.

"You can see 35 on the square," says Coffey.

Earned citizenship

On Jan. 8, 2004, President Bush assembled members of his cabinet, and a carefully selected group of Hispanics, in the East Room to announce his plan to deal with undocumented immigration. During his short speech he tried to placate those frustrated by the inequities of U.S. immigration policy, identifying the crisis honestly and correctly.

"As a nation that values immigration and depends on immigration, we should have immigration laws that work and make us proud," Bush said, looking ahead to the November 2004 elections and the huge blocks of Hispanic and other immigrant voters. "Yet today," the president acknowledged, "we do not. Instead, we see many employers turning to the illegal labor market. We see millions of hardworking men and women condemned to fear and insecurity in a massive undocumented economy. Illegal entry across our borders makes more difficult the urgent task of securing the homeland. The system is not working."

The president succinctly assessed the problem. But his proposed solution was vague and filled with traps for immigrants working in the United States, for their employers, and for the rest of us. The Bush plan is not another amnesty, like the one Congress and the Reagan administration agreed to in 1986, for workers who have been contributing for years to the American economy and culture. It is not a plan to give those immigrants already living here without documentation a chance at "earned citizenship," which is what the Democrats have suggested. Nor it is a plan for the free flow of people across the U.S.-Mexico frontier. The Bush plan is a guest worker proposal that will, in the president's own words, "match willing foreign workers with willing American employers when no Americans can be found to fill the jobs."

But this solution, by failing to comprehend the nature of the situation, merely extends the system's present flaws. As the employers I met with in Bowling Green and countless other areas of the country attested, illegal immigrants are now a permanent, needed part of the economy. The president is right to argue that they do a class of work that natives won't. But his plan is fit to handle a group of temporary workers making up a marginal part of the American workforce. It does nothing to lift the burden on employers to prove that no Americans will take a job they want to offer to a Mexican legally—a restriction so stringent that it encourages employers to hire illegal immigrants. Nor does it lift the strict demand that an employee stick with one employer, a regulation that discourages Mexicans from taking the visas and instead leads them to come here illegally. And it does nothing to encourage those Mexicans who have no deal with an American employer from jumping the border. No solution can ameliorate all the cultural, political and economic strains caused by the increasing influx on undocumented immigrants into America. But to be effective at all, any response must begin with the recognition that no government in history has managed to stop eager employers and willing workers from getting together. That truth is now playing out in places like Kentucky. Washington can either fight this reality and force both employers and immigrants into the shadows of illegality, or accept it and find a way that most if not all sides can live with. ◆

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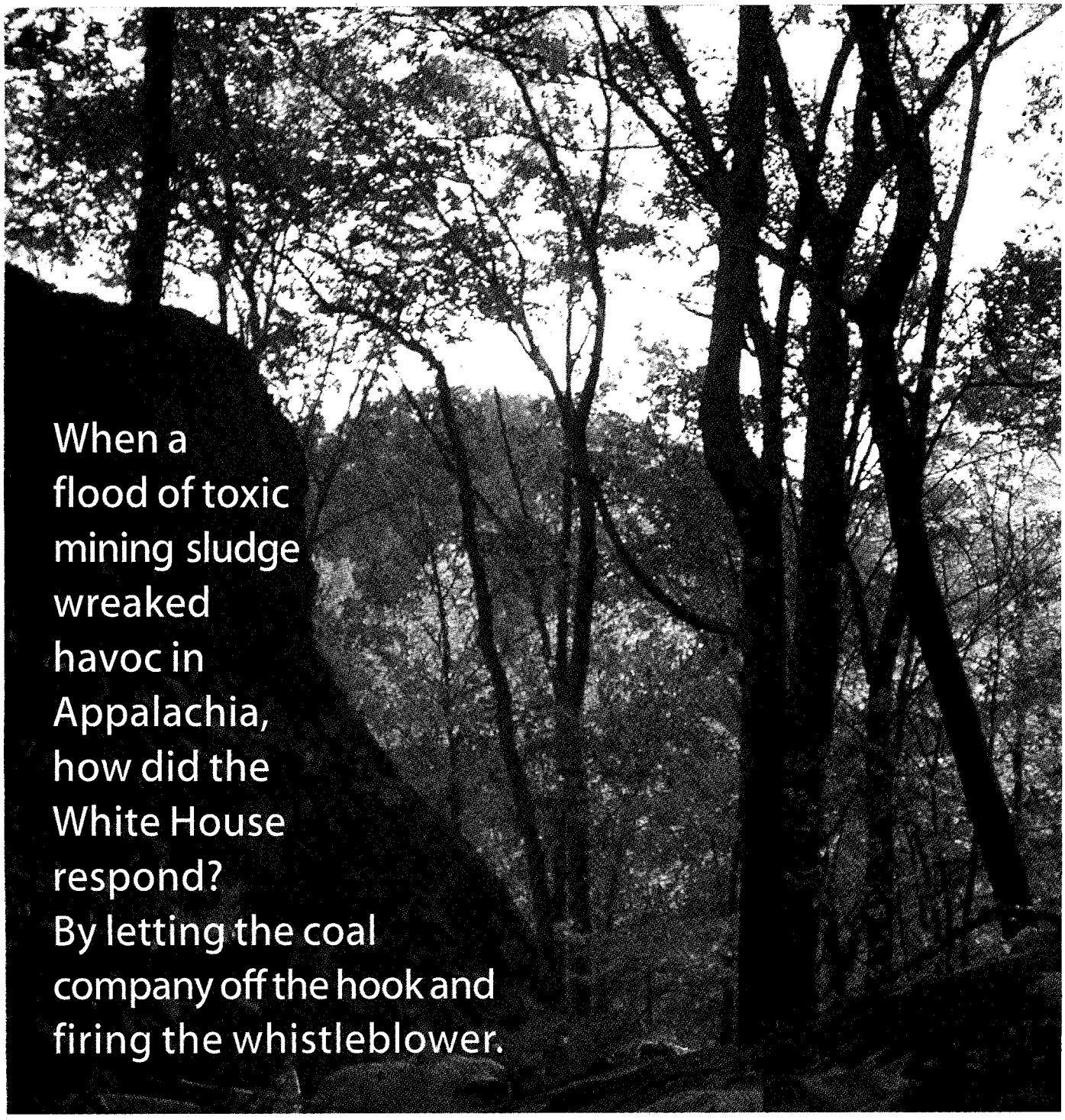

When a flood of toxic mining sludge wreaked havoc in Appalachia, how did the White House respond? By letting the coal company off the hook and firing the whistleblower.

Under Mined

By Clara Bingham
Photos by Vivian Stockman

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Left: Appalachian mountains at sunset. **Above (top)**: Jack Spadaro told the local media when an investigation of a leak in a coal-waste facility owned by Bush-campaign donor Massey Energy was prematurely shut down. **Above (bottom)**: After the whistleblower lost his job at the Mine Health and Safety Administration, a rally to "Bring Back Jack" was held in Charlestown, W.Va.

On Oct. 11, 2000, in Inez, Ky., a town of 500 in the heart of the state's coal fields, a coal-waste reservoir the size of 306 Olympic-size swimming pools sprang a leak. Within six hours, 300 million gallons of thick sludge had flooded out of the Big Branch Refuse Impoundment, a hilltop facility owned by Martin County Coal, and into two tributaries of the Big Sandy River, which courses along the Kentucky-West Virginia border before emptying into the Ohio River.

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The gooey mixture of black water and coal tailings traveled downstream through Coldwater and Wolf creeks, and later through the river's main stem, Tug Fork. Ten days later, an inky plume appeared in the Ohio River. On its 75-mile path of destruction, the sludge obliterated wildlife, killed 1.6 million fish, ransacked property, washed away roads and bridges, and contaminated the water systems of 27,623 people. Incredibly, no lives were lost. Even so, the EPA declared the spill the largest environmental catastrophe in the history of the southeastern United States. In fact, the Inez disaster was almost 30 times larger than the infamous Exxon Valdez tanker spill, which dumped 11 million gallons of oil into Alaska's Prince William Sound.

The company that owned the waste impoundment, a subsidiary of Massey Energy, the fourth largest coal producer in America, claimed that the flood was caused by an "act of God." Jack Spadaro, superintendent of the National Mine Health and Safety Academy, a training facility for the Mine Safety and Health Administration (MSHA) based in Beckley, W. Va., was part of the team assembled by MSHA to investigate. Working with eight colleagues from MSHA, an arm of the Department of Labor that regulates the coal industry, Spadaro began interviewing engineers, miners, and mine company officials to determine what had caused the impoundment to break. The investigation, which began on the eve of the 2000 presidential election, had within a month begun to collect evidence that Spadaro's team believed could prove negligence on the part of Martin County Coal.

But on Jan. 18, 2001, two days before President Bush's inauguration, Spadaro and his team were abruptly assigned a new boss to lead the investigation: Tim Thompson. A career MSHA official, Thompson had not participated in any of the investigation's interviews. However, he was known to be a political insider, according to two of the probe's staffers. "Tim was a good soldier," said one long-time MSHA employee. "He would take orders. He was cooperative with headquarters to a fault." (MSHA officials declined to be interviewed for this story, citing agency policy not to discuss personnel issues with members of the press). Immediately after taking charge, Thompson told Spadaro's team that they had one week to conclude the investigation. The announcement came as a shock. Spadaro and his colleagues still had more than 30 witnesses to interview, and they had counted on having four or five more months to complete their work.

Even after the investigation was shut down by Thompson, Spadaro continued to fight the administration for three years—a bullheaded crusade that made him an Appalachian folk hero, but eventually got him thrown off the case, reassigned, and may have ultimately helped get him fired. As Spadaro later told *The Washington Monthly*, from the initial months of the investigation, he had felt that his superiors at MSHA were covering up "the fact that Massey had known for the past six years that there was a potential for the breakthrough in the impoundment." The slurry spill and the controversy surrounding Spadaro's aborted investigation has sparked several media probes, most prominently by *Salon* and "60 Minutes." But a further investigation by *The Washington Monthly* sheds new light on several aspects of the case, revealing Massey Energy's financial ties to the Bush administration, the efforts of MSHA officials to quash a media inquiry into the case, and the extent of the retaliation against Spadaro.

The government's file on the Martin County impoundment break has now been closed, and Massey Energy has paid only minimal fines to the federal government. MSHA declined to pursue the most serious charges of negligence that Spadaro's investigation developed, or to fix the lax systems of oversight that led Spadaro to blame the agency itself for contributing to the disaster. And though it has left the whistleblower weary, retired, and bitter, Spadaro's struggle reveals the rough realities faced by regulators fighting a favored industry under the Bush administration.

Coal Creek corruption

Martin County Coal's Big Branch Refuse Impoundment, a huge reservoir of liquid waste from a nearby coal-cleaning plant, sits out of sight of neighboring houses. It is used to gather slurry—a mixture of mud, coal waste, water, and cleaning chemicals that is a byproduct of the process of washing coal—which is dumped into large holding ponds held back by dams. The steep mountainous terrain in Appalachia has always made the region vulnerable to floods caused by logging, erosion caused by coalmining, or leaks in slurry ponds.

At 3:00 a.m. on Oct. 11, 2000, pressure from the full impoundment caused the barrier wall between the slurry pond and the underground mine to collapse. Sludge inundated the underground mine below and flowed out into Coldwater and Wolf creeks.

At 5 a.m. on Oct. 11, 2000, Inez resident Abraham Lincoln "Linc" Chapman, up early to bow-hunt for deer, was driving his Chevrolet pick-up truck alongside Coldwater Creek. As he passed the entrance to the Big Branch Refuse Impoundment, a security guard waved him down. When he stopped, the guard informed him that he couldn't go any further up the road. Chapman then noticed that a tide of thick black sludge had risen to the level of a little wooden bridge over the creek.

Chapman asked the guard whether he had notified people downstream. The guard had not—he had no

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A byproduct of the process of washing coal, "slurry" is a mixture of mud, coal waste, water, and cleaning chemicals that mining companies store in giant holding ponds. The steep mountainous terrain in Appalachia has always made the region vulnerable to floods caused by logging, by erosion caused by coalmining, or by leaks in the walls surrounding slurry ponds. **Right**: A slurry reservoir owned by Massey Energy that sits above an elementary school.

idea how much more sludge was coming. Chapman drove downstream to his house, which sits on a narrow two-acre strip of land bordering the creek. In Appalachia, the rare pieces of flat land, usually adjoining a creek or a river, are called "bottoms." Chapman calls his land a "corn bottom" because it was where his family farmed corn when he was a boy.

Chapman took a flashlight to the creek, which coursed five yards from his back door. He watched with his wife and two children as the black sludge "comin' real slow, just like lava," began to reach the top of the bank. The sludge in the creek kept rising all day and into the night until it reached five feet above water level and overflowed into Chapman's yard. By the next morning, Chapman realized that there was no water left in the creek, "it was just solid slurry." Chapman watched the seven-acre yard of his neighbor slowly fill with the sludge, like dough poured into a baking pan.

Chapman had long been aware that living directly below a coal-waste impoundment was risky. In fact, if the break hadn't been preceded by weeks of drought, and if the slurry had leaked into only one stream instead of two, the velocity of the flood could have been violent enough to kill hundreds of people living along heavily-populated Coldwater Creek.

For the next three months, the Chapmans and their neighbors endured the mining company's clean-up operation. Huge bulldozers and shovels scooped the sludge out of the creek and their front yards, tearing gas lines and knocking down trees. Chapman put his spacious 5,500-square-foot house on the market a few months after the flood because his 9-year-old daughter Paige didn't want to live there anymore. She complained of recurring nightmares that the house was buried in coal sludge and refused to sleep in her room on the ground floor. Two years later, when there were

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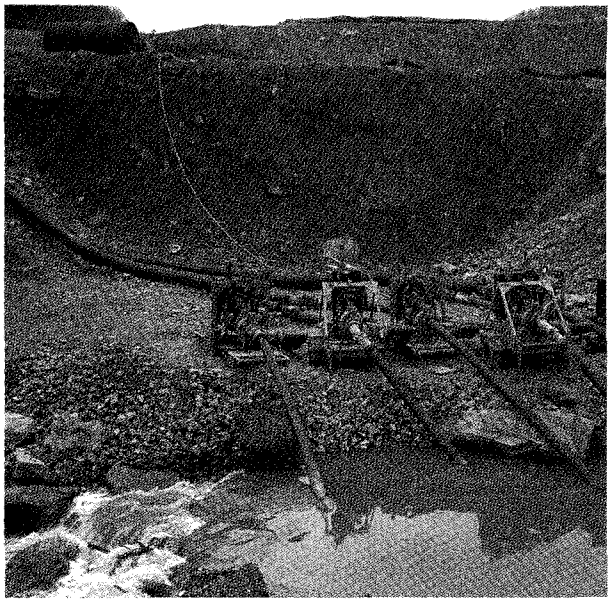

On Oct. 11, 2000, a hilltop coal-waste reservoir owned by Massey Energy in western Kentucky sprung a leak. Within 6 hours, 300 million gallons of thick sludge had flooded into Coldwater and Wolf Creeks, two tributaries of Big Sandy River. On its 75-mile path of destruction, the sludge obliterated wildlife, killed 1.6 million fish, ransacked property, washed away roads and bridges, and contaminated the water systems of 27,623 people. **Top**: A stream, pre-sludge. **Above**: Five months after the spill, pumps move slurry from Coldwater Creek into temporary holding ponds. **Left (top)**: Inez resident Monroe Cassidy looks on. **Left (bottom)**: A bulldozer clears sludge from Wolf Creek.

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still no offers on the house, Chapman took it off the market. "This area used to be the most sought after property in Martin County—it used to be the most expensive real estate, but now no one wants it," Chapman says.

Today, although Chapman's neighbors' front yards are green again, and clear water flows through Coldwater Creek, there are still no fish in sight. "We had frogs, turtles, muskrats, minks, Kentucky spotted bass, channel cat fish, big mouth bass, mud cat, minnows, creek chubs that we used for bait," recalls Chapman, an avid hunter and fisherman. When Chapman digs a stick into the creek bed, it emerges covered in gummy, black coal sludge, which is buried an inch below the brown silt of the creek bed.

Massey Energy maintains that the slurry is no more toxic "than the dirt outside one's home." But Chapman, who once worked for coal mines, believes otherwise. He cites the presence of such toxins as mercury, arsenic, lead, and iron in the sludge. "We know better than to drink the water, but we have no choice but to bathe in it." The town water, treated at a nearby processing plant is sanctioned as drinkable, even though in 2001, an EPA study detected up to 30 times the normal levels of arsenic and mercury in the Inez community's groundwater supply.

Massey's miasma

In the course of the investigation, which also included reviewing piles of engineering reports, Spadaro was haunted by his memories of an earlier catastrophe, now infamous in coal country, known as the Buffalo Creek Disaster. In 1972, Spadaro, then a research engineer for the West Virginia School of Mines, had been dispatched to investigate a coal slurry spill in Buffalo Creek, W. Va. A break in the coal waste dam there had caused a 20-foot column of black sludge to hurdle down through Buffalo Creek's narrow hollow, twisting and crushing homes, leaving 4,000 people without shelter, and killing 125. The Pittston Mining company, which like Massey claimed its mishap had been caused by an "an act of God," was later found liable for the break in the dam, but escaped major sanctions. After Buffalo Creek, Spadaro had spent six months interviewing company employees and flood survivors, and watching bodies being picked out of the rubble. The experience has stayed with him. "Memories of those conversations are still with me," he said recently. "Buffalo Creek wasn't necessary. The neglect, the disregard…of the mine operators caused it."

In the Martin County Coal flood, Spadaro began to suspect a similar pattern of neglect. By April 2001, his team of MHSA investigators had drafted most of its report and was debating where to lay blame. The engineers believed it was appropriate to levy eight different citations against Massey Energy, but Thompson disputed all but one of those charges. One particularly fierce debate ensued over a charge related to the thickness of the barrier wall. After a smaller, but still significant leak in the Big Branch Impoundment in 1994, Massey had been required to submit an application for a permit to reopen the impoundment. The company presented MSHA with a map that showed a 70-foot barrier wall between the impoundment and the abandoned underground mine beneath the slurry reservoir.

But after the 2001 flood, the investigation hired an independent contractor to confirm the thickness of the barrier wall. Drilling revealed that in some spots the wall was only 15 feet deep. If this had been known earlier, Massey would never have gained a permit to reopen the impoundment. Massey denies that it misled regulators. However, Spadaro strongly suspects that Massey knew how thin the wall was. His team was just beginning to conduct interviews with miners who had worked in the area where the walls were particularly thin before the investigation was cut short.

Several of the engineers on the investigation team argued that Massey should be cited for misrepresentation. The coal company officials could then have been prosecuted for knowing violations of federal mine health and safety laws, which bring steep fines. The discrepancies between the map of the barrier wall on Massey's permit application and the actual dimensions of the wall as measured by an independent contractor was the strongest piece of evidence the investigators felt they had against the company because the discrepancy could be proven and documented. When Thompson fought bitterly against including a citation for the mapping discrepancy, some members of the investigative team became suspicious of his motives. "It looked like he was trying to protect the coal company," said one team member who asked for anonymity. "It looked like pure politics."

Frustrated by what he described as Thompson's "badgering" of his fellow team members, Spadaro asked everyone but Thompson to leave the room. He then blew up at Thompson, accusing him of undermining the credibility of the investigation, and threatened to leave the team.

Another section of the investigators' report that Thompson disputed concerned oversight. Spadaro's team had found a memo written after the 1994 leak by an MSHA employee named Larry Wilson. Wilson had made nine recommendations for fixing flaws in the impoundment, pointing out that the seals between the impoundment and the underground mine were inadequate, and that the company maps that showed the proximity of the mine to the impoundment were inaccurate. Major safety improvements were needed, Wilson had concluded: "If the water in the impoundment broke through and these seals were inundated, it is very possible that they would fail and a loss of life could occur." Six years later, Spadaro's team could find no evidence that Massey Energy had addressed MSHA's rec-

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ommendations. Furthermore, the investigators discovered that MSHA had never followed up with Massey to check on the implementation of those recommendations.

Spadaro saw MSHA's failure as evidence that the regulatory system was badly broken. But he believed that neither the Bush administration's MSHA nor the coal companies were interested in reform. Approximately 225 coal-waste impoundments sit precariously over abandoned mines. Making them safe would involve tightening regulations and closing loopholes. Proposed alternative methods for disposing of the coal waste are unlikely to be adopted because they would cost the coal industry more. Preventative measures, such as drilling to measure the true thickness of a barrier wall between an impoundment and an underground mine, would also be costly.

According to an official internal report, on the same day that Spadaro took Thompson to task for undermining the investigation's credibility, Thompson received a call from his superiors at MSHA headquarters in Arlington, Va. After Thompson hung up the phone, the team of investigators assembled in his office watched as their boss crossed out a section of the report that criticized MSHA for its lack of oversight. Dumbfounded and angry, Spadaro packed up his papers and left the room: "I went to my office, and wrote my letter of resignation [from the investigation]."

Who's the boss

In Thompson, Spadaro had confronted one face of a new regulatory bureaucracy that had fundamentally shifted its approach to mine oversight in the four months since the new administration had taken office. George W. Bush had won the presidency in part thanks to an upset victory in West Virginia (with help from the coal industry), and his administration had begun to set new pro-coal policies in motion. In his first few months on the job, Bush unveiled an energy plan that promoted the use of coal, backed off his campaign pledge to cut coal-related carbon-dioxide emissions, and loosened restrictions on coal mining's most environmentally destructive practice—mountaintop removal—which tears off huge masses of rock in order to mine valuable low-sulfur underground coal seams. Coal companies prefer this method because it can be done cheaply, relying on heavy machinery and using only minimum man-power. In 10 years, environmentalists predict that an area equivalent to the state of Delaware—2,200 square miles—will have been cut off the mountains of Appalachia. Coal had done well under President Clinton—it was his administration that began to soften the mountaintop removal regulations, and his MSHA that had been lax in checking up on the Big Branch Impoundment wall. But coal executives, threatened by Vice President Al Gore's green background and his pledge to increase taxes on fossil fuels, thought they could get a better deal with the Republicans—when they raised a record $3.8 million dollars for the 2000 federal election, 88 percent went to the GOP. At the annual meeting of the West Virginia Coal Association a few months after Bush's inauguration, the group's director told 150 industry executives, "You did everything you could to elect a Republican president. [Now] you are already seeing in his actions the payback."

Massey Energy, Martin County Coal's parent company, gained a front-row seat to the new Bush administration when it invited James H. "Buck" Harless to join its board in 2001. Harless, a West Virginia coal and timber baron, had raised $275,000 for Bush's 2000 campaign, given $5,000 for the Florida recount, and contributed $100,000 to the president's inaugural fund. Bush nicknamed Harless "Big Buck" and invited him to join the administration's transition task force on energy. "We were looking for friends, and we found one in George W. Bush," Harless told *The Wall Street Journal.*

Bush also demonstrated his friendship to industry leaders when he awarded the top job at MSHA to an executive with Utah's Energy West Mining Company, David Lauriski, whose top two deputies would also be recruited from mining companies. The woman who would become their boss, Secretary of Labor Elaine Chao, is the wife of Kentucky's Republican senator Mitch McConnell, a long time political ally of coal companies. Chao soon hired several of McConnell's Senate staffers to work in top positions at the Department of Labor. According to Common Cause, from 1997 to 2000—when McConnell was chairman of the National Republican Senatorial Committee—the coal industry gave $584,000 to the NRSC. In 2002, while the company was still under investigation, Massey Energy would give the committee a first-time donation of $100,000, although by then McConnell was no longer the chairman.

McConnell left his fingerprints on his wife's agency despite their insistence that there was no conflict of interest. Chao's chief of staff, Stephen Law, was one of McConnell's top aides and Stuart Roy, Chao's spokesman, was formerly McConnell's press secretary. Another former McConnell staffer, Andrew Rajec, was hired to work as a special assistant at MSHA, where he attended several meetings on the Martin County report. In 2002, a Kentucky mine owner named Bob Murray threatened to have some MSHA inspectors fired because they had cited his mines for failing to comply with regulations. "Mitch McConnell calls me one of the five finest men in America," Murray told the inspectors, according to local press accounts. "And the last time I checked, he was sleeping with your boss."

Signed, sealed, and delivered

Spadaro realized that the industry-friendly climate at MSHA meant that his findings on the Martin Coun-

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ty flood were not going to be heard—which meant, he believed, that the only way to find justice was to go public. On April 11, 2001, the *Charleston Gazette* and the *Lexington Herald-Leader* ran stories about Spadaro's resignation from the investigation. They quoted him calling the report a whitewash. "I do not believe," Spadaro wrote in his resignation letter, which the newspapers published, "that the accident investigation report, as it is now being developed, will offer complete and objective analysis of the accident and its causes." Spadaro's decision to go public struck his colleagues as suicidal, and no one else followed him.

The next week, Secretary Chao responded to the press reports about the internal war at MSHA by telling a reporter: "It's time to call off the MSHA food fight over the Martin County Coal Slurry investigation." Chao requested that the Department's Inspector General review Spadaro's complaints, but her characterization of the investigation controversy as a "food fight" was not well received by the local press. A Louisville *Courier-Journal* editorial accused Chao of trivializing the Martin County catastrophe and its victims: "If water supplies had been ruined in a bunch of eastern seaboard suburbs, instead of in mountain hollows, would she have dared to be so flip?"

Even with Spadaro off the case, Thompson continued to run into problems with the investigative team. When he assigned four of its engineers to draft a list of violations, they presented him with eight, of which Thompson would only agree to two. For the next several months, Thompson stopped meeting with the investigators altogether and didn't give them access to information about the report's progress until it was completed and ready to be signed.

In October 2001, Thompson asked the seven remaining team members to sign the report without seeing the final draft. According to two of the probe's staffers and an internal report, when Thompson asked them to sign it blind, four in the office refused. After a conference call with David Lauriski, MSHA's top official in Washington, the four dissenting team members were given permission to read the report, but only to check for typographical errors. When the engineers reviewed the final drafts, they saw that Massey Energy had only been cited for two relatively weak violations—the charge that it had provided inaccurate maps did not make the shortlist. After Lauriski told them that it would be good for the agency if they signed the report, all of the investigators complied. "I didn't think it would be a good career move not to [sign]," one of them told me. (Lauriski declined to be interviewed for this story, citing MSHA policy).

In April 2002, MSHA levied $110,000 in fines upon Massey Energy—$55,000 (the maximum fee allowable) for each of two violations for an "unwarrantable failure" to prevent the spill. (A Kentucky administrative law judge would later reverse one of the charges, proving how weak it was, and reduce its fine from $55,000 to $5,600.) Had all the violations Spadaro's team found been included in the final report, Massey would have been subject to far heavier fines, increased legal liability, and possible criminal penalties. And MSHA would have produced a report that blamed itself for failing to adequately police the industry—an embarrassment for an administration that was fighting to loosen restrictions on coal companies.

Of coal and cronyism

Spadaro returned to his day-to-day government job as superintendent of the National Mine Health and Safety Academy. But after Martin County, he had begun to see himself as a whistleblower on a mission to draw attention to the corruptions of the Mine Health and Safety Administration. First, he continued to press the Martin County case, charging, in his conversations with reporters and in the letters he sent to the Department of Labor's Inspector General, that MHSA had covered up Massey's transgressions. Then in May 2002, Spadaro launched another sequence of letters to the IG claiming that two independent contractors had been hired by the academy without any competitive bid process. The contractors, who taught educational training programs for mining inspectors, were close friends and old business associates of Lauriski and his two deputy assistant secretaries, John Caylor and John Correll. Spadaro followed up on his two May letters to the Inspector General with another one in August in which he said that, on August 1, Caylor had threatened to fire him if he didn't stop raising questions about the no-bid contracts.

Just one month after Caylor's threat, Spadaro's government credit card and travel records were audited. It turned out that between November 2001 and July 2002, he had used his government credit card to take out 13 cash advances when he needed money to entertain dignitaries and students at the academy. The processing fees for those 13 cash advances totaled $22.60. Spadaro paid his bills on time. In October 2002, Spadaro was told that his abuse of the credit card was a "serious offense." One year later, he was informed that he would be suspended for three days for the crime of making cash advances when he wasn't on official government travel.

Ellen Smith, the editor of *Mine Safety and Health News*, an independent newsletter that covers MSHA, stumbled onto the story. Smith, who knows far more about this small, obscure agency than any other journalist, had been looking through the department's employee credit card violation records, which she had obtained under the Freedom of Information Act. She was working on a story about employees who did not pay their credit card bills, and found Spadaro's name on the very bottom of the list of 50 offenders. "Jack Spadaro's name was on that list, but it was for such a miniscule amount of charges, and he had always paid

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them back," said Smith. "He wasn't the kind of person I was targeting in my story. I was targeting people who didn't pay back." Then Smith discovered that Spadaro, unlike many of the more serious offenders, was being disciplined for his credit-card offenses. "After I started asking questions about Jack, they asked me to package up all of the FOIA information they had sent me and send it back to them so they could sanitize it." Smith consulted a lawyer first and refused to return the files. Fearful that the government might try to confiscate the material, she made a copy and gave it to a friend to keep safely.

On Oct. 28, 2002, Smith published an article claiming that Spadaro had been unfairly targeted for his credit-card problems because senior agency officials had tabbed him as a troublemaker since the Martin County fiasco. Smith showed that 50 MSHA employees had charged a total of $51,001 on their government credit cards which they never paid back. One employee even charged $2,000 on his card at Value City Furniture. Spadaro's case was so minor in comparison to the others that, Smith wrote, "it appears as though the alleged 'credit card offenses' might be an attempt to get rid of a whistleblower."

Smith continued to write about several of Spadaro's complaints—the Martin County flood report, the sole-source contracting, and an ignored sexual-harassment case at the academy. After she had published three stories based on Spadaro's information, Lauriski paid Smith a home visit. The assistant secretary for MSHA and one of his deputies traveled all the way from Washington to the little town of Mendon, outside Rochester, N.Y., for an "off-the-record" discussion about Smith's newsletter. One of the items on Lauriski's agenda was Spadaro. "They brought two letters from people at the academy who had complaints about Jack and crossed out their names," said Smith. "At MSHA there are always complaints. If two is best you can do out of the whole academy, that's pretty weak. They just kept on saying to me there are things [about Jack] that you don't know. We can't tell you because it's a personnel issue. It's a privacy thing. They kept saying, 'you aren't accurate here or there,' and I said 'show me' and they wouldn't so I said, 'then you can't tell me I'm not accurate.'"

Bond, Sam Bond

In the winter of 2003, two reports came just short of vindicating Spadaro. In January, an internal MSHA review admitted that the agency's oversight of the Martin County slurry impoundment had been lax, but did not lay blame for the flood on the agency. Then, on Feb. 19, 2003, the Labor Department's Inspector General released its report on the Martin County investigation. The IG confirmed some of Spadaro's allegations: that MSHA officials had backed off six out of eight citations against Massey Energy, that investigators were denied access to the files, and that several members of the investigative team had initially refused to sign the report because they were prohibited from reading it. The IG even reported that Spadaro "may have" been subjected to retaliation by higher ups, but concluded that the Martin County report was fair and accurate, and that Spadaro had not substantiated his charges that it was a whitewash.

But the IG chose to invoke exceptions in the federal open-records law and censored almost half of the 26-page document (a step very rarely taken), leaving more questions than answers. The credibility of the report's conclusion that there had been no cover-up was therefore hindered by its own cover-up. A scathing editorial in the Louisville *Courier-Journal* accused the IG of withholding important information: "Public confidence in MSHA won't be bolstered by a report that's full of black lines where information should be."

On June 4, 2003, Spadaro drove up to MSHA headquarters in Arlington, Va., for a routine administrative meeting. When the meeting ended, he was told to report to his boss, Jeff Duncan, the director of Education Policy and Development. It was getting dark and Spadaro remembers that no lights were on in Duncan's office. When Spadaro walked in, he noticed that Duncan had company—a woman from the personnel office and a lawyer from the Department of Labor. Both of these strangers sat quietly.

"I need to talk to you about Sam Bond," said Duncan. Bond was an MSHA mine inspector who had developed multiple sclerosis and could no longer work in the field. For the past three years, he had been teaching a course at the academy and living there during the week free of charge.

"Who gave you the authority to let him stay at the academy for free?" Duncan asked.

"You did, Jeff," Spadaro said, a little thrown.

Then Duncan handed Spadaro a letter and told him that he had been placed on administrative leave. He was being investigated for abuse of authority and was forbidden to return to his office or to contact any of the employees at the academy.

Spadaro was stunned. He had never been warned about Sam Bond. Instead of being disciplined for helping the disabled inspector, Spadaro expected to be commended for finding a way to keep Bond working. To Spadaro, the accusation seemed beyond absurd. Without another word, he stood up and left the room.

When Spadaro called his secretary at the academy to give her the news, she told him that three MSHA officials were already in his office, putting files into boxes and confiscating his computer's hard drive. They had even dismantled the photos of his wife and daughter on his desk to search for any incriminating documents that might lie inside the frames. When they had asked to have the locks on Spadaro's office door changed, the maintenance staff refused. The MSHA officials had to find a locksmith in the yellow pages.

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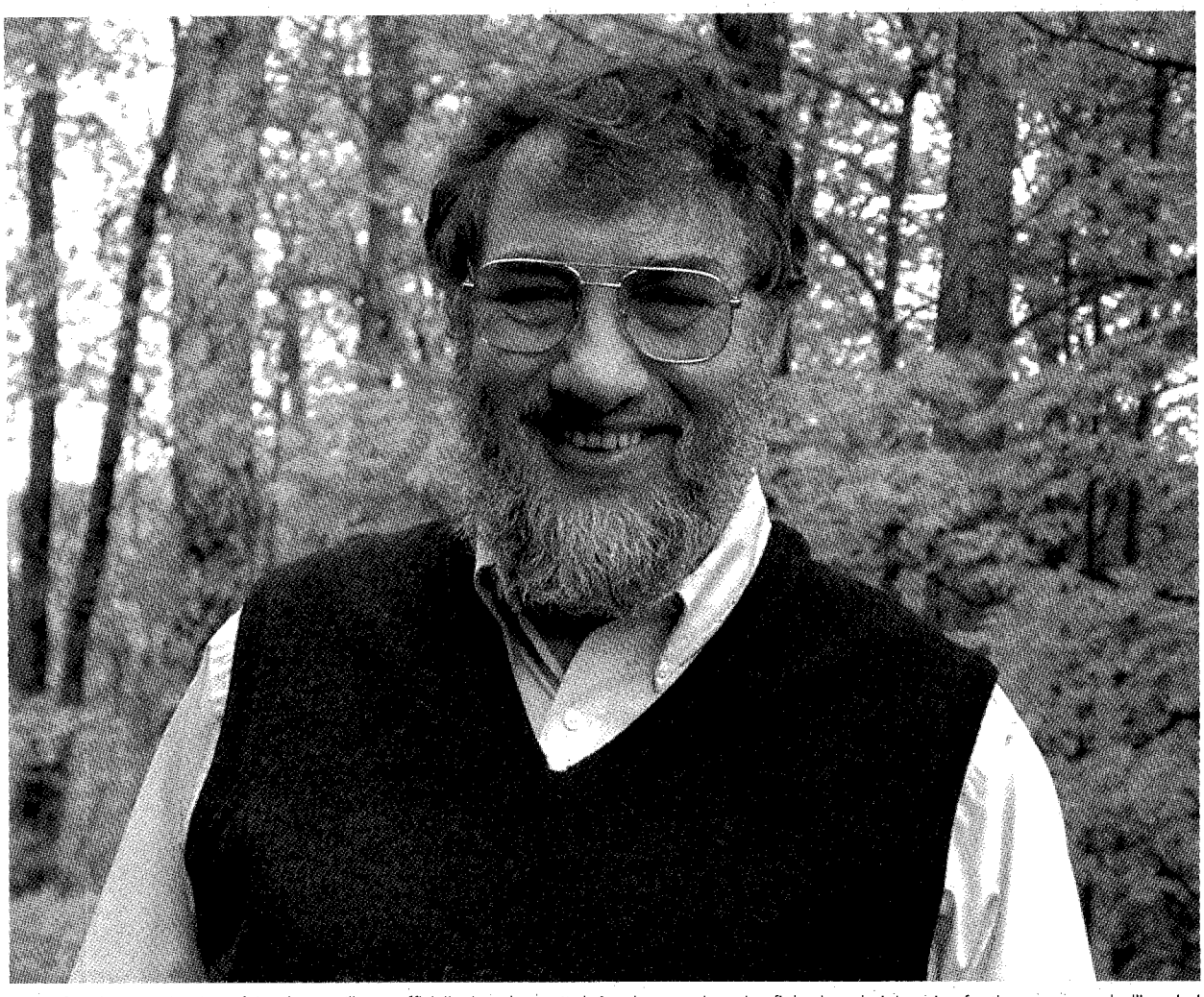

Even after the investigation of the slurry spill was officially shut down, Jack Spadaro continued to fight the administration for three years—a bullheaded crusade that made him an Appalachian folk hero, but eventually got him thrown off the case, reassigned, and may have ultimately helped get him fired.

Worn-down whistleblower

On Oct. 2, 2003, Jack Spadaro was fired. A 10-page memo written by Frank Schwamberger, deputy director of education policy and development at MSHA, listed a series of cases where Spadaro had allegedly abused authority and failed to follow official procedures and instructions. It detailed complaints from academy employees who were upset about being forced to move from one office space to another, employees upset over having to change the scope of their jobs, and, in one case, being denied a promotion. The memo also detailed the $22.60 in cash advance fees on Spadaro's government credit card. Spadaro fought back by filing a grievance with the Office of Special Counsel (OSC), a federal agency that handles whistle-blower complaints, and four months later, his status was switched back from termination to administrative leave.

Spadaro also hired a West Virginia lawyer and filed suit against MSHA for retaliating against him. In February 2004, he was told that he would be transferred to the Agency's Pittsburgh MSHA office and demoted. He appealed the demotion and transfer on the grounds that it was in retaliation for his whistle-blowing. The OSC ruled that he would have to work in Pittsburgh while he was waiting for his appeal to be processed.

Rather than move to Pittsburgh, Spadaro decided to give up the fight. On Oct. 1—just two months shy of his 28th anniversary as a federal government employee—he resigned. A serious case of high blood pressure, lawyer's fees of over $20,000, and frustration with how long it was taking for his appeal to be decided by the Merit Systems Protection Board contributed to Spadaro's decision to throw in the towel. "I'm just very tired of fighting," he said. "I've been fighting this administration since early 2001. I want a little peace for a while."

His three-year-fight against the Bush administration may have cost him his job, but it also made him a folk hero in Kentucky coal country. "Normally, I don't like federal mining investigators," Linc Chapman told me. "But it's a shame that some one who stood up for what was right has to pay for it. Everyone here [in Inez] is like me. They think Jack got a raw deal. He rocked the boat so they threw him overboard." ◆

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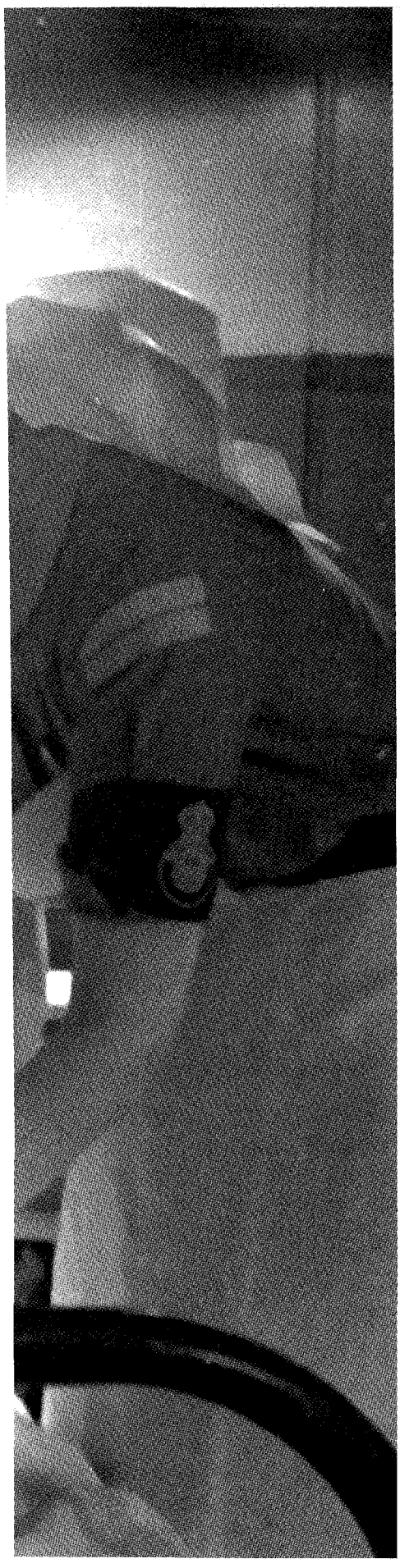

The Best Care Anywhere

Ten years ago, veterans hospitals were dangerous, dirty, and scandal-ridden. Today, they're producing the highest quality care in the country. Their turnaround points the way toward solving America's health-care crisis.

By Phillip Longman

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Quick. When you read "veterans hospital," what comes to mind? Maybe you recall the headlines from a dozen years ago about the three decomposed bodies found near a veterans medical center in Salem, Va. Two turned out to be the remains of patients who had wandered off months before. The other body had been resting in place for more than 15 years. The Veterans Health Administration (VHA) admitted that its search for the missing patients had been "cursory."

Or maybe you recall images from movies like *Born on the Fourth of July*, in which Tom Cruise plays a wounded Vietnam vet who becomes radicalized by his shabby treatment in a crumbling, rat-infested veterans hospital in the Bronx. Sample dialogue: "This place is a fuckin' slum!"

By the mid-1990s, the reputation of veterans hospitals had sunk so low that conservatives routinely used their example as a kind of *reductio ad absurdum* critique of any move toward "socialized medicine." Here, for instance, is Jarret B. Wollstein, a right-wing activist/author, railing against the Clinton health-care plan in 1994: "To see the future of health care in America for you and your children under Clinton's plan," Wollstein warned, "just visit any Veterans Administration hospital. You'll find filthy conditions, shortages of everything, and treatment bordering on barbarism."

And so it goes today. If the debate is over health-care reform, it won't be long before some free-market conservative will jump up and say that the sorry shape of the nation's veterans hospitals just proves what happens when government gets into the health-care business. And if he's a true believer, he'll then probably go on to suggest, quoting William Safire and other free marketers, that the government should just shut down the whole miserable system and provide veterans with health-care vouchers.

Yet here's a curious fact that few conservatives or liberals know. Who do you think receives higher-quality health care. Medicare patients who are free to pick their own doctors and specialists? Or aging veterans stuck in those presumably filthy VA hospitals with their antiquated equipment, uncaring administrators, and incompetent staff? An answer came in 2003, when the prestigious *New England Journal of Medicine* published a study that compared veterans health facilities on 11 measures of quality with fee-for-service Medicare. On all 11 measures, the quality of care in veterans facilities proved to be "significantly better."

Here's another curious fact. *The Annals of Internal Medicine* recently published a study that compared veterans health facilities with commercial managed-care systems in their treatment of diabetes patients. In seven out of seven measures of quality, the VA provided better care.

It gets stranger. Pushed by large employers who are eager to know what they are buying when they purchase health care for their employees, an outfit called the National Committee for Quality Assurance today ranks health-care plans on 17 different performance measures. These include how well the plans manage high blood pressure or how precisely they adhere to standard protocols of evidence-based medicine such as prescribing beta blockers for patients recovering from a heart attack. Winning NCQA's seal of approval is the gold standard in the health-care industry. And who do you suppose this year's winner is: Johns Hopkins? Mayo Clinic? Massachusetts General? Nope. In every single category, the VHA system outperforms the highest rated non-VHA hospitals.

Not convinced? Consider what vets themselves think. Sure, it's not hard to find vets who complain about difficulties in establishing eligibility. Many are outraged that the Bush administration has decided to deny previously promised health-care benefits to veterans who don't have service-related illnesses or who can't meet a strict means test. Yet these grievances are about access to the system, not about the quality of care received by those who get in. Veterans groups tenaciously defend the VHA and applaud its turnaround. "The quality of care is outstanding," says Peter Gayton, deputy director for veterans affairs and rehabilitation at the American Legion. In the latest independent survey, 81 percent of VHA hospital patients express satisfaction with the care they receive, compared to 77 percent of Medicare and Medicaid patients.

Outside experts agree that the VHA has become an industry leader in its safety and quality measures. Dr. Donald M. Berwick, president of the Institute for Health Care Improvement and one of the nation's top health-care quality experts, praises the VHA's information technology as "spectacular." The venerable Institute of Medicine notes that the VHA's "integrated health information system, including its framework for using performance measures to improve quality, is considered one of the best in the nation."

If this gives you cognitive dissonance, it should. The story of how and why the VHA became the benchmark for quality medicine in the United States suggests that much of what we think we know about health care and medical economics is just wrong. It's natural to believe that more competition and consumer choice in health care would lead to greater quality and lower costs, because in almost every other realm, it does. That's why the Bush administration—which has been promoting greater use of information technology and other quality improvement in health care—also

Phillip Longman, a Schwartz senior fellow at the New America Foundation, is the author of *The Empty Cradle*; Basic Books, 2004.

Photo on previous page: Nurses inspect a WWII gunner's wounded leg in March 1943. Getty Images

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wants to give individuals new tax-free "health savings accounts" and high-deductible insurance plans. Together, these measures are supposed to encourage patients to do more comparison shopping and haggling with their doctors; therefore, they create more market discipline in the system.

But when it comes to health care, it's a government bureaucracy that's setting the standard for maintaining best practices while reducing costs, and it's the private sector that's lagging in quality. That unexpected reality needs examining if we're to have any hope of understanding what's wrong with America's health-care system and how to fix it. It turns out that precisely because the VHA is a big, government-run system that has nearly a lifetime relationship with its patients, it has incentives for investing in quality and keeping its patients well—incentives that are lacking in for-profit medicine.

U.S. soldier Bryan Browder recovers from injuries after an explosive device attack in the Iraqi city of Tikrit. Now receiving care in an army hospital in Baghdad, Browder will enter the VA's health-care system for life once he leaves the service.

Getty Images

Hitting bottom

By the mid-1990s, the veterans health-care system was in deep crisis. A quarter of its hospital beds were empty. Government audits showed that many VHA surgeons had gone a year without picking up a scalpel. The population of veterans was falling sharply, as aging World War II and Korean War vets began to pass away. At the same time, a mass migration of veterans from the Snowbelt to the Sunbelt overwhelmed hospitals in places such as Tampa with new patients, while those in places such as Pittsburgh had wards of empty beds.

Serious voices called for simply dismantling the VA system. Richard Cogan, a senior fellow at the Center on Budget and Policy Priorities in Washington, told *The New York Times* in 1994: "The real question is whether there should be a veterans health care system at all." At a time when the other health-care systems were expanding outpatient clinics, the VHA still required hospital stays for routine operations like cataract surgery. A patient couldn't even receive a pair of crutches without checking in. Its management system was so ossified and top-down that permission for such trivial expenditures as $9.82 for a computer cable had to be approved in Washington at the highest levels of the bureaucracy.

Yet few politicians dared to go up against the powerful veterans lobby, or against the many unions that represented much of the VHA's workforce. Instead, members of Congress fought to have new veterans hospitals built in their districts, or to keep old ones from being shuttered. Three weeks before the 1996 presidential election, in part to keep pace with Bob Dole's promises to veterans, President Clinton signed a bill that planned, as he put it, to "furnish comprehensive medical services to all veterans," regardless of their income or whether they had service-related disabilities.

So, it may have been politics as usual that kept the floundering veterans health-care system going. Yet behind the scenes, a few key players within the VHA had begun to look at ways in which the system might heal itself. Chief among them was Kenneth W. Kizer, who in 1994 had become VHA's undersecretary for health, or, in effect, the system's CEO.

A physician trained in emergency medicine and public health, Kizer was an outsider who immediately started upending the VHA's entrenched bureaucracy. He oversaw a radical downsizing and decentralization of management power, implemented pay-for-performance contracts with top executives, and won the right to fire incompetent doctors. He and his team also began to transform the VHA from an acute care, hospital-based system into one that put far more resources into primary care and outpatient services for the growing number of aging veterans beset by chronic conditions.

By 1998, Kizer's shake-up of the VHA's operating system was already earning him management guru status in an era in which management gurus were practically demigods. His story appeared that year in a book titled *Straight from the*

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CEO: The World's Top Business Leaders Reveal Ideas That Every Manager Can Use published by Price Waterhouse and Simon & Schuster. Yet the most dramatic transformation of the VHA didn't just involve such trendy, 1990s ideas as downsizing and reengineering. It also involved an obsession with systematically improving quality and safety that to this day is still largely lacking throughout the rest of the private health-care system.

Amercia's worst hospitals

To understand the larger lessons of the VHA's turnaround, it's necessary to pause for a moment to think about what comprises quality health care. The first criterion likely to come to mind is the presence of doctors who are highly trained, committed professionals. They should know a lot about biochemistry, anatomy, cellular and molecular immunology, and other details about how the human body works—and have the academic credentials to prove it. As it happens, the VHA has long had many doctors who answer to that description. Indeed, most VHA doctors have faculty appointments with academic hospitals.

But when you get seriously sick, it's not just one doctor who will be involved in your care. These days, chances are you'll see many doctors, including different specialists. Therefore, how well these doctors communicate with one another and work as a team matters a lot. "Forgetfulness is such a constant problem in the system," says Berwick of the Institute for Health Care Improvement. "It doesn't remember you. Doesn't remember that you were here and here and then there. It doesn't remember your story."

Are all your doctors working from the same medical record and making entries that are clearly legible? Do they have a reliable system to ensure that no doctor will prescribe drugs that will interact harmfully with medications prescribed by another doctor? Is any one of them going to take responsibility for coordinating your care so that, for example, you don't leave the hospital without the right follow-up medication or knowing how and when to take it? Just about anyone who's had a serious illness, or tried to be an advocate for a sick loved one, knows that all too often the answer is no.

Doctors aren't the only ones who define the quality of your health care. There are also many other people involved—nurses, pharmacists, lab technicians, orderlies, even custodians. Any one of these people could kill you if they were to do their jobs wrong. Even a job as lowly as changing a bedpan, if not done right, can spread a deadly infection throughout a hospital. Each of these people is part of an overall system of care, and if the system lacks cohesion and quality control, many people will be injured and many will die.

Just how many? In 1999, the Institute of Medicine issued a groundbreaking study, titled *To Err is Human*, that still haunts health care professionals. It found that up to 98,000 people die of medical errors in American hospitals each year. This means that as many as 4 percent of all deaths in the United States are caused by such lapses as improperly filled or administered prescription drugs—a death toll that exceeds that of AIDS, breast cancer, or even motor vehicle accidents.

Since then, a cavalcade of studies have documented how a lack of systematic attention not only to medical errors but to appropriate treatment has made putting yourself into a doctor's or hospital's care extraordinarily risky. The practice of medicine in the United States, it turns out, is only loosely based on any scientifically driven standards. The most recent and persuasive evidence came from study by Dartmouth Medical School published last October in *Health Affairs*. It found that even among the "best hospitals," as rated by *U.S. News & World Report*, Medicare patients with the same conditions receive strikingly different patterns and intensities of care from one another, with no measurable difference in their wellbeing.

For example, among patients facing their last six months of life, those who are checked into New York's renowned Mount Sinai Medical Center will receive an average of 53.9 visits from physicians, while those who are checked into Duke University Medical Center will receive only 20.9. Yet all those extra doctors' visits at Mount Sinai bring no gain in life expectancy, just more medical bills. By that measure of quality, many of the country's most highly rated hospitals are actually its shoddiest.

Worse, even when strong scientific consensus emerges about appropriate protocols and treatments, the health-care industry is extremely slow to implement them. For example, there is little controversy over the best way to treat diabetes; it starts with keeping close track of a patient's blood sugar levels. Yet if you have diabetes, your chances are only one-out-four that your health care system will actually monitor your blood sugar levels or teach you how to do it. According to a recent RAND Corp. study, this oversight causes an estimated 2,600 diabetics to go blind every year, and anther 29,000 to experience kidney failure.

All told, according to the same RAND study, Americans receive appropriate care from their doctors only about half of the time. The results are deadly. On top of the 98,000 killed by medical errors, another 126,000 die from their doctor's failure to observe evidence-based protocols for just four common conditions: hypertension, heart attacks, pneumonia, and colorectal cancer.

Now, you might ask, what's so hard about preventing these kinds of fatal lapses in health care? The airline industry, after all, also requires lots of complicated teamwork and potentially dangerous technology, but it doesn't wind up killing hundreds of thousands of its customers each year. Indeed, airlines, even when in bankruptcy, continuously improve their safety records. By contrast, the death toll from medical errors alone is equivalent to a fully loaded jumbo-jet crashing each day.

Laptop medicine

Why doesn't this change? Well, much of it has changed in the veterans health-care system, where advanced information technology today serves not only to deeply reduce medical errors, but also to improve diagnoses and implement coordinated, evidence-based care. Or at least so I kept

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WW II veteran Nicholas Zillas marches in a Veteran's Day parade, November 11, 2004 in New York. There are approximately 25 million living U.S. veterans served by the VA today, with about 142,000 U.S. troops currently serving in Iraq.

Getty Images

reading in the professional literature on health-care quality in the United States. I arranged to visit the VA Medical Center in Washington, D.C. to see what all these experts were so excited about.

The complex' main building is a sprawling, imposing structure located three miles north of the Capitol building. When it was built in 1972, it was in the heart of Washington's ghetto, a neighborhood dangerous enough though one nurse I spoke with remembered having to lock her car doors and drive as fast as she could down Irving Street when she went home at night.

Today, the surrounding area is rapidly gentrifying. And the medical center has evolved, too. Certain sights, to be sure, remind you of how alive the past still is here. In its nursing home facility, there are still a few veterans of World War I. Standing outside of the hospital's main entrance, I was moved by the sight of two elderly gentlemen, both standing at near attention, and sporting neatly pressed Veterans of Foreign Wars dress caps with MIA/POW insignias. One turned out to be a survivor of the Bataan Death March.

But while history is everywhere in this hospital, it is also among the most advanced, modern health-care facilities in the globe—a place that hosts an average of four visiting foreign delegations a week. The hospital has a spacious generic lobby with a food court, ATM machines, and a gift shop. But once you are in the wards, you notice something very different: doctors and nurses wheeling bed tables with wireless laptops attached down the corridors. How does this change the practice of medicine? Opening up his laptop, Dr. Ross Fletcher, an avuncular, white-haired cardiologist who led the hospital's adoption of information technology, begins a demonstration.

With a key stroke, Dr. Fletcher pulls up the medical records for one of his current patients—an 87-year-old veteran living in Montgomery County, Md. Normally, sharing such records with a reporter or anyone else would, of course, be highly unethical and illegal, but the patient, Dr. Fletcher explains, has given him permission.

Soon it becomes obvious why this patient feels that getting the word out about the VHA's information technology is important. Up pops a chart showing a daily record of his weight as it has fluctuated over a several-month period. The data for this chart, Dr. Fletcher explains, flows automatically from a special scale the patient uses in his home that sends a wireless signal to a modem.

Why is the chart important? Because it played a key role, Fletcher explains, in helping him to make a difficult diagnosis. While recovering from Lyme Disease and a hip fracture, the patient began periodically complaining of shortness of breath. Chest X-rays were ambiguous and confusing. They showed something amiss in one lung, but not the other, suggesting possible lung cancer. But Dr. Fletcher says he avoided having to chase down that possibility when he noticed a pattern jumping out of the graph generated from the patient's scale at home.

The chart clearly showed that the patient gained weight around the time he experienced shortness of breath. This pattern, along with the record of the hip fracture, helped Dr. Fletcher to form a hypothesis that turned out to be accurate. A buildup of fluid in the patient's lung was causing him to gain weight. The fluid gathered only in one lung because the patient was consistently sleeping on one side to cope with the pain from his hip fracture. The fluid in the lung indicated that the patient was in immediate need of treatment for conges-

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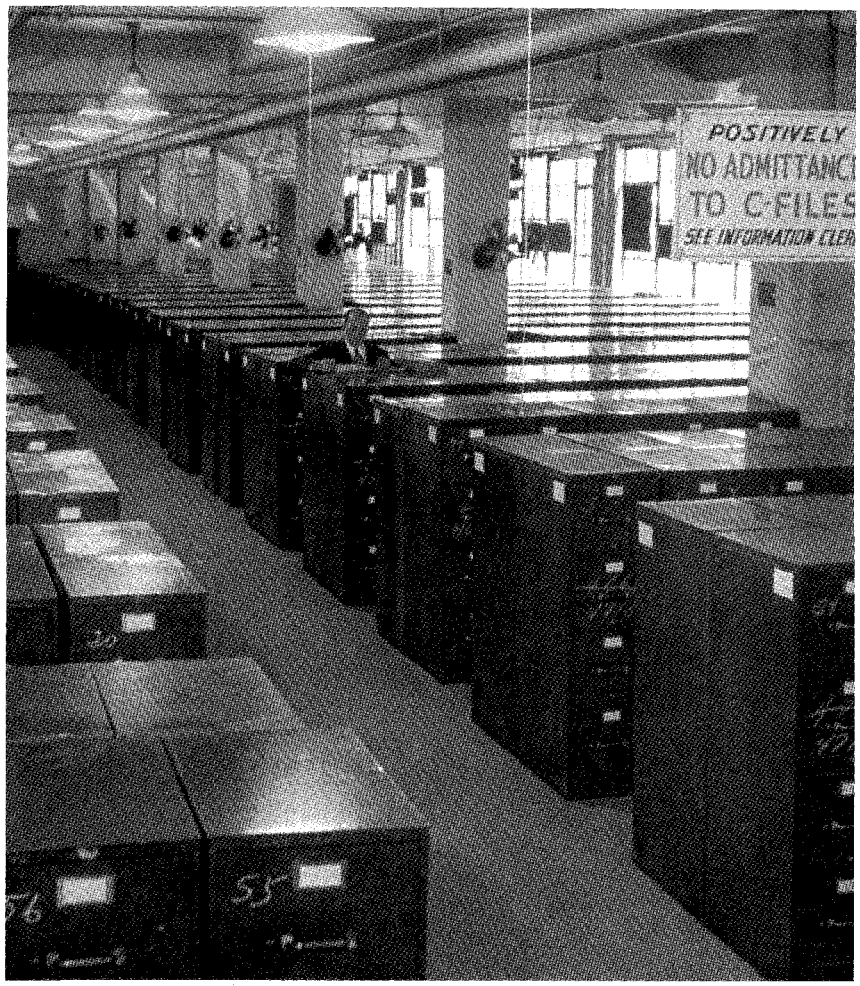
tive heart failure, and, fortunately, he received it in time.

The same software program, known as VistA, also plays a key role in preventing medical errors. Kay J. Craddock, who spent most of her 28 years with the VHA as a nurse, and who today coordinates the use of the information systems at the VA Medical Center, explains how. In the old days, pharmacists did their best to decipher doctors' handwritten prescription orders, while nurses, she says, did their best to keep track of which patients should receive which medicines by shuffling 3-by-5 cards.

Today, by contrast, doctors enter their orders into their laptops. The computer system immediately checks any order against the patient's records. If the doctors working with a patient have prescribed an inappropriate combination of medicines or overlooked the patient's previous allergic reaction to a drug, the computer sends up a red flag. Later, when hospital pharmacists fill those prescriptions, the computer system generates a bar code that goes on the bottle or intravenous bag and registers what the medicine is, who it is for, when it should be administered, in what dose, and by whom.



Above: Veterans Administration file room in 1949. Today, doctors and nurses at VA hospitals wheel bed tables with wireless laptops attached, giving them instant access to patients' medical records. The same database reminds them to prescribe appropriate care for patients when they leave the hospital; keeps track of which vets are due for a flu shot, a breast cancer screen, or other follow-up care; and enables researchers to look back and see what procedures work better than do others without having to assemble and rifle through paper records.

Each patient also has an ID bracelet with its own bar code, and so does each nurse. Before administering any drug, a nurse must first scan the patient's ID bracelet, then her own, and then the bar-code on the medicine. If she has the wrong patient or the wrong medicine, the computer will tell her. The computer will also create a report if she's late in administering a dose, "and saying you were just too busy is not an excuse," says Craddock.

Craddock cracks a smile when she recalls how nurses reacted when they first were ordered to use the system. "One nurse tried to get the computer to accept her giving an IV, and when it wouldn't let her, she said, 'you see, I told you this thing is never going to work.' Then she looked down at the bag." She had mixed it up with another, and the computer had saved her from a career-ending mistake. Today, says Craddock, some nurses still insist on getting paper printouts of their orders, but nearly all applaud the computer system and its protocols. "It keeps them from having to run back and forth to the nursing station to get the information they need, and, by keeping them from making mistakes, it helps them to protect their license." The VHA has now virtually eliminated dispensing errors.

In speaking with several of the young residents at the VA Medical Center, I realized that the computer system is also a great aid to efficiency. At the university hospitals where they had also trained, said the residents, they constantly had to run around trying to retrieve records—first upstairs to get X-rays from the radiology department, then downstairs to pick up lab results. By contrast, when making their rounds at the VA Medical Center, they just flip open their laptops when they enter a patient's room. In an instant, they can see not only all of the patient's latest data, but also a complete medical record going back as far as the mid-1980s, including records of care performed in any other VHA hospital or clinic.

Along with the obvious benefits this brings in making diagnoses, it also means that residents don't face impossibly long hours dealing with paperwork. "It lets these twentysomethings go home in time to do the things twentysomethings like to do," says Craddock. One neurologist practicing at both Georgetown University Hospital and the VA Medical Center reports that he can see as many patients in a few hours at the veterans hospital as

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he can all day at Georgetown.

By this summer, anyone enrolled in the VHA will be able to access his or her own complete medical records from a home computer, or give permission for others to do so. "Think what this means," says Dr. Robert M. Kolodner, acting chief health informatics officer for the VHA. "Say you're living on the West Coast, and you call up your aging dad back East. You ask him to tell you what his doctor said during his last visit and he mumbles something about taking a blue pill and white one. Starting this summer, you'll be able to monitor his medical record, and know exactly what pills he is supposed to be taking."

The same system reminds doctors to prescribe appropriate care for patients when they leave the hospital, such as beta blockers for heart attack victims, or eye exams for diabetics. It also keeps track of which vets are due for a flu shot, a breast cancer screen, or other follow-up care—a task virtually impossible to pull off using paper records. Another benefit of electronic records became apparent last September when the drug-maker Merck announced a recall of its popular arthritis medication, Vioxx. The VHA was able to identify which of its patients were on the drug within minutes, and to switch them to less dangerous substitutes within days.

Similarly, in the midst of a nationwide shortage of flu vaccine, the system has also allowed the VHA to identify, almost instantly, those veterans who are in greatest need of a flu shot and to make sure those patients have priority. One aging relative of mine—a man who has had cancer and had been in and out of nursing homes—wryly reports that he beat out 5,000 other veterans in the New London, Conn., area for a flu shot. He's happy that his local veterans hospital called him up to tell him he qualified, but somewhat alarmed by what this implies about his health.

The VistA system also helps to put more science into the practice of medicine. For example, electronic medical records collectively form a powerful database that enables researchers to look back and see which procedures work best without having to assemble and rifle through innumerable paper records. This database also makes it possible to discover emerging disease vectors quickly and effectively. For example, when a veterans hospital in Kansas City noticed an outbreak of a rare form of pneumonia among its patients, its computer system quickly spotted the problem: All the patients had been treated with what turned out to be the same bad batch of nasal spray.

Developed at taxpayer expense, the VistA program is available for free to anyone who cares to download it off the Internet. The link is to a demo, but the complete software is nonetheless available. You can try it out yourself by going to http://www1.va.gov/CPRSdemo/. Not surprisingly, it is currently being used by public health care systems in Finland, Germany, and Nigeria. There is even an Arabic language version up and running in Egypt. Yet VHA officials say they are unaware of any private health care system in the United States that uses the software. Instead, most systems are still drowning in paper, or else just starting to experiment with far more primitive information technologies.

Worse, some are even tearing out their electronic information systems. That's what happened at Cedars-Sinai Medical Center in Los Angeles, which in 2003 turned off its brand-new, computerized physician order entry system after doctors objected that it was too cumbersome. At least six other hospitals have done the same in recent years. Another example of the resistance to information technology among private practice doctors comes from the Hawaii Independent Physicians Association, which recently cancelled a program that offered its members $3,000 if they would adopt electronic medical records. In nine months, there were only two takers out of its 728 member doctors.

In July, Connecting for Health—a public-private cooperative of hospitals, health plans, employers and government agencies—found that persuading doctors in small- to medium-sized practices to adopt electronic medical records required offering bonuses of up to 10 percent of the doctors' annual income. This may partly be due to simple technophobia or resistance to change. But the broader reason, as we shall see, is that most individual doctors and managed care providers in the private sector often lack a financial incentive to invest for investing in electronic medical records and other improvements to the quality of the care they offer.

This is true even when it comes to implementing low-tech, easy-to-implement safety procedures. For example, you've probably heard about surgeons who operate on the wrong organ or limb. So-called "wrong site" surgery happens in about one out of 15,000 operations, with those performing foot and hand surgeries particularly likely to make the mistake. Most hospitals try to minimize this risk by having someone use a magic marker to show the surgeon where to cut. But about a third of time, the VHA has found, the root problem isn't that someone mixed up left with right; it's that the surgeon is not operating on the patient he thinks he is. How do you prevent that?

Obviously, in the VHA system, scanning the patient's ID bracelet and the surgical orders helps, but even that isn't foolproof. Drawing on his previous experience as a NASA astronaut and accident investigator, the VHA's safety director, Dr. James Bagian, has developed a five-step process that VHA surgical teams now use to verify both the identity of the patient and where they are supposed to operate. Though it's similar to the check lists astronauts go through before blast off, it is hardly rocket science. The most effective part of the drill, says Bagian, is simply to ask the patient, in language he can understand, who he is and what he's in for. Yet the efficacy of this and other simple quality-control measures adopted by the VHA makes one wonder all the more why the rest of the health-care system is so slow to follow.

Why care about quality?

Here's one big reason. As Lawrence P. Casalino, a professor of public health at the University of Chicago, puts it, "The U.S. medical market as presently constituted simply does not provide a strong business case for quality."

Casalino writes from his own experience as a solo prac-

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titioner, and on the basis of over 800 interviews he has since conducted with health-care leaders and corporate health care purchasers. While practicing medicine on his own in Half Moon Bay, Calif, Casalino had an idealistic commitment to following emerging best practices in medicine. That meant spending lots of time teaching patients about their diseases, arranging for careful monitoring and follow-up care, and trying to keep track of what prescriptions and procedures various specialists might be ordering.

Yet Casalino quickly found out that he couldn't sustain this commitment to quality, given the rules under which he was operating. Nobody paid him for the extra time he spent with his patients. He might have eased his burden by hiring a nurse to help with all the routine patient education and follow-up care that was keeping him at the office too late. Or he might have teamed up with other providers in the area to invest in computer technology that would allow them to offer the same coordinated care available in veterans hospitals and clinics today. Either step would have improved patient safety and added to the quality of care he was providing. But even had he managed to pull them off, he stood virtually no chance of seeing any financial return on his investment. As a private practice physician, he got paid for treating patients, not for keeping them well or helping them recover faster.

The same problem exists across all health-care markets, and its one main reason in explaining why the VHA has a quality performance record that exceeds that of private-sector providers. Suppose a private managed-care plan follows the VHA example and invests in a computer program to identify diabetics and keep track of whether they are getting appropriate follow-up care. The costs are all upfront, but the benefits may take 20 years to materialize. And by then, unlike in the VHA system, the patient will likely have moved on to some new health-care plan. As the chief financial officer of one health plan told Casalino: "Why should I spend our money to save money for our competitors?"

Or suppose an HMO decides to invest in improving the quality of its diabetic care anyway. Then not only will it risk seeing the return on that investment go to a competitor, but it will also face another danger as well. What happens if word gets out that this HMO is the best place to go if you have diabetes? Then more and more costly diabetic patients will enroll there, requiring more premium increases, while its competitors enjoy a comparatively large supply of low-cost, healthier patients. That's why, Casalino says, you never see a billboard with an HMO advertising how good it is at treating one disease or another. Instead, HMO advertisements generally show only healthy families.

In many realms of health care, no investment in quality goes unpunished. A telling example comes from semi-rural Whatcom County, Wash. There, idealistic health-care providers banded together and worked to bring down rates of heart disease and diabetes in the country. Following best practices from around the country, they organized multidisciplinary care teams to provide patients with counseling, education, and navigation through the health-care system. The providers developed disease protocols derived from evidence-based medicine. They used information technology to allow specialists to share medical records and to support disease management.

But a problem has emerged. Who will pay for the initiative? It is already greatly improving public health and promises to bring much more business to local pharmacies, as more people are prescribed medications to manage their chronic conditions and will also save Medicare lots of money. But projections show that, between 2001 and 2008, the initiative will cost the local hospital $7.7 million in lost revenue, and reduce the income of the county's medical specialists by $1.6 million. An idealistic commitment to best practices in medicine doesn't pay the bills. Today, the initiative survives only by attracting philanthropic support, and, more recently, a $500,000 grant from Congress.

For health-care providers outside the VHA system, improving quality rarely makes financial sense. Yes, a hospital may have a business case for purchasing the latest, most expensive imaging devices. The machines will help attract lots of highly-credentialed doctors to the hospital who will bring lots of patients with them. The machines will also induce lots of new demand for hospital services by picking up all sorts of so-called "pseudo-diseases." These are obscure, symptomless conditions, like tiny, slow-growing cancers, that patients would never have otherwise become aware of because they would have long since died of something else. If you're a fee-for-service health-care provider, investing in technology that leads to more treatment of pseudo-disease is a financial no-brainer.

But investing in any technology that ultimately serves to reduce hospital admissions, like an electronic medical record system that enables more effective disease management and reduces medical errors, is likely to take money straight from the bottom line. "The business case for safety...remains inadequate...[for] the task," concludes Robert Wachter, M.D., in a recent study for *Health Affairs* in which he surveyed quality control efforts across the U.S. health-care system.

If health care was like a more pure market, in which customers know the value of what they are buying, a business case for quality might exist more often. But purchasers of health care usually don't know, and often don't care about its quality, and so private health-care providers can't increase their incomes by offering it. To begin with, most people don't buy their own health care; their employers do. Consortiums of large employers may have the staff and the market power necessary to evaluate the quality of health-care plans and to bargain for greater commitments to patient safety and evidence-based medicine. And a few actually do so. But most employers are not equipped for this. Moreover, in these days of rapid turnover and vanishing post-retirement health-care benefits, few employers have any significant financial interest in their workers' long-term health.

That's why you don't see many employers buying insurance that covers smoking cessation programs or the various expensive drugs that can help people to quit the habit. If they

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did, they'd be being buying more years of healthy life per dollar than just about any other way they could use their money. But most of the savings resulting from reduced lung cancer, stroke, and heart attacks would go to future employers of their workers, and so such a move makes little financial sense.

Meanwhile, what employees value most in health care is maximum choice at minimal cost. They don't want the boss man telling them they must use this hospital or that one because it has the best demonstrated quality of care. They'll be their own judge of quality, thank-you, and they'll usually base their choice on criteria like: "My best friend recommended this hospital," or "This doctor agrees with my diagnosis and refills the prescriptions I want," or "I like this doctor's bedside manner." If more people knew how dangerous it can be to work with even a good doctor in a poorly run hospital or uncoordinated provider network, the premium on doctor choice would be much less decisive, but for now it still is.

And so we get results like what happened in Cleveland during the 1990s. There, a well-publicized initiative sponsored by local businesses, hospitals and physicians identified several hospitals as having significantly higher than expected mortality rates, longer than expected hospital stays, and worse patient satisfaction. Yet, not one of these hospitals ever lost a contract because of their poor performance. To the employers buying health care in the community, and presumably their employees as well, cost and choice counted for more than quality. Developing more and better quality measures in health care is a noble cause, but it's not clear that putting more information into health-care markets will change these hard truths.

Health for service

So what's left? Consider why, ultimately, the veterans health system is such an outlier in its commitment to quality. Partly it's because of timely, charismatic leadership. A quasi-military culture may also facilitate acceptance of new technologies and protocols. But there are also other important, underlying factors.

First, unlike virtually all other health-care systems in the United States, VHA has a near lifetime relationship with its patients. Its customers don't jump from one health plan to the next every few years. They start a relationship with the VHA as early as their teens, and it endures. That means that the VHA actually has an incentive to invest in prevention and more effective disease management. When it does so, it isn't just saving money for somebody else. It's maximizing its own resources.

The system's doctors are salaried, which also makes a difference. Most could make more money doing something else, so their commitment to their profession most often derives from a higher-than-usual dose of idealism. Moreover, because they are not profit maximizers, they have no need to be fearful of new technologies or new protocols that keep people well. Nor do they have an incentive to clamor for high-tech devices that don't improve the system's quality or effectiveness of care.

And, because it is a well-defined system, the VHA can act like one. It can systematically attack patient safety issues. It can systematically manage information using standard platforms and interfaces. It can systematically develop and implement evidence-based standards of care. It can systematically discover where its care needs improvement and take corrective measures. In short, it can do what the rest of the health-care sector can't seem to, which is to pursue quality systematically without threatening its own financial viability.

Hmm. That gives me an idea. No one knows how we're ever going to provide health care for all these aging baby boomers. Meanwhile, in the absence of any near-term major wars, the population of veterans in the United States will fall dramatically in the next decade. Instead of shuttering under-utilized VHA facilities, maybe we should build more. What if we expanded the veterans health-care system and allowed anyone who is either already a vet or who agrees to perform two years of community service a chance to buy in? Indeed, what if we said to young and middle-aged people, if you serve your community and your country, you can make your parents or other loved ones eligible for care in an expanded VHA system?

The system runs circles around Medicare in both cost and quality. Unlike Medicare, it's allowed by law to negotiate for deep drug discounts, and does. Unlike Medicare, it provides long-term nursing home care. And it demonstrably delivers some of the best, if not the best, quality health care in the United States with amazing efficiency. Between 1999 and 2003, the number of patients enrolled in the VHA system increased by 70 percent, yet funding (not adjusted for inflation) increased by only 41 percent. So the VHA has not only become the health care industry's best quality performer, it has done so while spending less and less on each patient. Decreasing cost and improving quality go hand and hand in industries like autos and computers — but in health care, such a relationship virtually unheard of. The more people we can get into the VHA, the more efficient and effective the American health-care system will be.

We could start with demonstration projects using VHA facilities that are currently under-utilized or slated to close. Last May, the VHA announced it was closing hospitals in Pittsburgh; Gulfport, Miss.; and Brecksville, Ohio. Even after the closures, the VHA will still have more than 4 million square feet of vacant or obsolete real estate. Beyond this, there are empty facilities available from bankrupt HMOs and public hospitals, such as the defunct D.C. General. Let the VHA take over these facilities, and apply its state-of-the-art information systems, safety systems, and protocols of evidence-based medicine.

Once fully implemented, the plan would allow Americans to avoid skipping from one health-care plan to the next over their lifetimes, with all the discontinuities in care and record keeping and disincentives to preventative care that this entails. No matter where you moved in the country, or

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how often you changed jobs, or where you might happen to come down with an illness, there would be a VHA facility nearby where your complete medical records would be available and the same evidence-based protocols of medicine would be practiced.

You might decide that such a plan is not for you. But, as with mass transit, an expanded VHA would offer you a benefit even if you didn't choose to use it. Just as more people riding commuter trains means fewer cars in your way, more people using the VHA would mean less crowding in your own, private doctor's waiting room, as well as more pressure on your private health-care network to match the VHA's performance on cost and quality.

Why make public service a requirement for receiving VHA care? Because it's in the spirit of what the veterans health-care system is all about. It's not an entitlement; it's recognition for those who serve. America may not need as many soldiers as in the past, but it has more need than ever for people who will volunteer to better their communities.

Would such a system stand in danger of becoming woefully under-funded, just as the current VHA system is today? Veterans comprise a declining share of the population, and the number of Americans who have personal contact with military life continues to shrink. It is therefore not surprising that veterans health-care issues barely register on the national agenda, even in times of war. But, as with any government benefit, the broader the eligibility, the more political support it is likely to receive. Many veterans will object to the idea of sharing their health care system with non-vets; indeed, many already have issues with the VHA treating vets who do not have combat-related disabilities. But in the long run, extending eligibility to non-vets may be the only way to ensure that more veterans get the care they were promised and deserve.

Does this plan seem too radical? Well, perhaps it does for now. We'll have to let the ranks of the uninsured further swell, let health-care costs consume larger and larger portions of payrolls and household budgets, let more and more Americans die from medical errors and mismanaged care, before any true reform of the health-care system becomes possible. But it is time that our debates over health care took the example of the veterans health-care system into account and tried to learn some lessons from it.

Today, the Bush administration is pushing hard, and so far without much success, to get health-care providers to adopt information technology. Bush's National Coordinator for Health Care Information Technology, Dr. David Brailer, estimates that if the U.S. health-care system as a whole would adopt electronic medical records and computerized prescription orders, it would save as much as 2 percent of GDP and also dramatically improve quality of care. Yet the VHA's extraordinary ability to outperform the private sector on both cost and quality suggests that the rest of the Bush administration's agenda on health care is in conflict with this goal.

The administration wants to move American health care from the current employer-based model, where companies chose health-care plans for their workers, to an "ownership" model, where individuals use much more of their own money to purchase their own health care. But shifting more costs on to patients, and encouraging them to bargain and haggle for the "best deal" will result in even more jumping from provider to provider. This, in turn, will give private sector providers even fewer incentives to invest in quality measures that pay off only over time. The Bush administration is right to question all the tax subsidies going to prop up employer-provided health insurance. But it is wrong to suppose that more choice and more competition will solve the quality problem in American health care.

VHA's success shows that Americans clearly could have higher-quality health care at lower cost. But if we presume—and it is safe to do so—that Americans are not going to accept the idea of government-run health care any time soon, it's still worth thinking about how the private health-care industry might be restructured to allow it to do what the VHA has done. For any private health-care plan to have enough incentive to match the VHA's performance on quality, it would have to be nearly as big as the VHA. It would have to have facilities and significant market share in nearly every market so that it could, like the VHA, stand a good chance of holding on to customers no matter where they moved.

It would also have to be big enough to achieve the VHA's economies of scale in information management and to create the volumes of patients needed to keep specialists current in performing specific operations and procedures. Not surprisingly, the next best performers on quality after the VHA are big national or near-national networks like Kaiser Permanente. Perhaps if every American had to join one such plan and had to pay a financial penalty for switching plans (as, in effect, do most customers of the VHA), then a business case for quality might exist more often in the private health-care market. Simply mandating that all health-care providers adopt electronic medical records and other quality protocols pioneered by the VHA might seem like a good idea. But in the absence of any other changes, it would likely lead to more hospital closings and bankrupt health-care plans.

As the health-care crisis worsens, and as more become aware of how dangerous and unscientific most of the U.S. health-care system is, maybe we will find a way to get our minds around these strange truths. Many Americans still believe that the U.S. health-care system is the best in the world, and that its only major problems are that it costs too much and leaves too many people uninsured. But the fact remains that Americans live shorter lives, with more disabilities, than people in countries that spend barely half as much per person on health care. Pouring more money into the current system won't change that. Nor will making the current system even more fragmented and driven by short-term profit motives. But learning from the lesson offered by the veterans health system could point the way to an all-American solution. ◆

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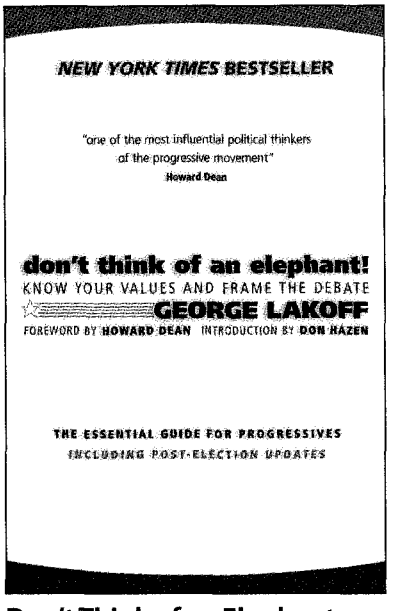
Word Games

George Lakoff, the Democrats' hottest new thinker, misses the meaning behind the message.

By Kenneth S. Baer

On a cold Sunday a few weeks after the presidential election, I was sitting in one of those meetings that every politico hopes will turn out to be legendary. A young, promising candidate had gathered his consultants and closest advisers around his dining room table for a day-long conference to plot his run for higher office. It would be years until the next election day and longer still until the candidate's career would peak, but deep down in every political hack's heart lies the unstated hope that this will be the horse to go all the way—and that you will have been there when he got it all started.

In the middle of the discussion, the candidate's veteran media consultant pulled out a thin book—heavily underlined and annotated—and began reading passages from it as if it were the Bible. The book was George Lakoff's *Don't Think of an Elephant: Know Your Values and Frame the Debate*, a volume that quickly has made its author one of the most sought-after speakers and advisers in Democratic circles and a cult figure among the liberal left. On the book's cover, Howard Dean touts Lakoff as "one of the most influential political thinkers of the progressive movement;" Robert Reich hails the book as "essential reading;" and Don



Don't Think of an Elephant: Know Your Values and Frame the Debate
By George Lakoff
Chelsea Green Publishing Company, $10.00

Hazen—the founder of the left-wing Web site Alternet.org—writes in the book's introduction that Lakoff was "like a great reserve of pinot noir that few people drank. But not anymore. George Lakoff is on the road to fame and renown."

So who is this new messiah? And how does he propose that a party of pinot noir drinkers win back the hearts and minds of those who would rather quaff Budweiser?

Lakoff, a cognitive linguist at the University of California at Berkeley, uses linguistic analysis to diagnose Democrats' problems. He argues that all of us have, as part of our "cognitive unconscious," frames that shape how we see the world. These frames are profoundly powerful, influencing "the goals we seek, the plans we make, the way we act, and what counts as a good or bad outcome of our actions." We discover our frames through our language; if we change our language, we change our frames. "Reframing," Lakoff writes, "*is* social change."

Of course, Lakoff cautions that it's not just the language itself that matters: "[I]deas are primary—and the language carries those ideas, evokes those ideas." So, language reflects our mindset: If we change the language, then we can change how people think. This is where liberals and progressives have gotten in trouble, Lakoff argues. They make the mistake of sifting out the facts, while ignoring the reality that debating in a conservative frame only reinforces it. To change those red states to blue, then, progressives have to change minds by first reframing the debate. If, as Ludwig Wittgenstein wrote, "[T]he limits of my language are the limits of my world," then the limits of my language apparently are also the limits of my ability to win an election.

I am not a cognitive linguist (the limits of my expertise in the field

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begin and end with the Wittgenstein quote above), and I cannot critique Lakoff's linguistic analysis. But I can say confidently that his political analysis is severely lacking. *Don't Think of an Elephant* is a small volume big on assumptions and short on the historical and political context that would shed light on why Americans respond to certain language in the ways that they do. In some places, Lakoff offers superb advice to candidates, but after reading this book—which, as a collection of many previously released articles, is disjointed and repetitive—it seems that Lakoff is primarily concerned with using linguistics to make the case for his liberal-left politics. That may bring comfort to his neighbors in Berkeley, but there's little evidence that it will win elections.

The heart of Lakoff's argument is that the roots of political debate in America stem from competing notions of the family: the "strict father" and the "nurturant parent." Conservatives are strict fathers who want to "protect the family in the dangerous world, support the family in the difficult world, and teach [their] children right from wrong." They have a clear model of what it means to be a good person—one must do what's right, pursue one's self-interest in order to prosper, and become self-reliant. This path is not just a way to prosperity, but a way toward morality. In this, Lakoff finds the conservative justification for cutting social programs (why reward those who can't help themselves) and to pursue a unilateral foreign policy (a strict father is a moral authority who tells others what to do).

Progressives, says Lakoff, are nurturant parents who believe in empathy and responsibility. Like good gender-neutral nurturant parents, they care for their children and thus want to protect them and make sure that they can live happy, fulfilled lives. Lakoff goes as far as to say that it's a "moral responsibility to teach your child to be a happy, fulfilled person who wants others to be happy and fulfilled." From this moral charge there follows a whole roster of progressive values that Lakoff lays out—freedom, opportunity, prosperity, community-building, honesty, trust—as well as six distinct types of progressives, from identity-politics activists to environmentalists to "spiritual progressives" who include "pagan members of Wicca."

While Democrats are preoccupied trying to appease their growing constituency of pagan worshippers, Lakoff argues that they are losing the key battle in American politics: trying to convince those people who are in the middle, torn between using their strict father and nurturant parent frames. In contrast, conservatives have built an intellectual infrastructure of think tanks and strategists that does the hard work of reframing the debate in their terms. They have used "strategic initiatives," in which change in one small area is used to exercise leverage upon several other areas—for example, pushing tort reform to starve a key group of Democratic funders. In response, progressives have tried to argue the factual case against tort reform without realizing that people vote their values and their identities, not the facts.

I agree with this last insight wholeheartedly: Democrats lose when they think that they can win elections on data points without offering an inspiring vision of the future. Indeed, Lakoff has stumbled upon the central problem facing Democrats since Bill Clinton left office, but his explanation of how he got there is unconvincing, and his advice on how to go forward is misguided. By reducing American politics to language, Lakoff ignores the context that gives meaning to those words. Language only motivates people if the ideas and policies it's connected to resonate with a majority of Americans. It has to be consistent with the realities of American history and the American national character. Throughout his book, Lakoff ignores this context, using his theories to push for an agenda that resonates with him (and possibly his friends at the fringes of left-wing politics), but reflects neither what most Democrats—nor most Americans—believe.

Take the debate over "tax relief." Lakoff notes that this is an archetypal example of how Republicans have framed an issue successfully: Taxes are a burden on a society, and the GOP will relieve you of this burden. It's a simple and powerful argument. Progressives, in response, have to offer a different frame that allows people to see taxes as the necessary investments to fund our society, and repeat this frame "until they take their rightful place in our synapses."

This is hopeful but ignorant of the long history of American politics and political thought. America is a nation born out of a tax revolt, with an anti-statist strain that extends from Shays's Rebellion to Proposition 13. This is one important thing that distinguishes America from Canada or Western Europe, and why the United States never developed a vibrant socialist movement or certain social democratic institutions such as government-provided health care. In fact, there is a whole sub-genre in the political science literature about the roots of "American exceptionalism." Lakoff may wish that Americans will embrace higher taxes—and at times they have for the right reasons, such as to fight a war—but to suggest that simply modifying the language will accomplish this ignores the ideas that animate our politics.

When it comes to foreign policy, Lakoff shows not only a misunderstanding of America, but also of the history of liberalism and the Democratic Party today. In a chapter written immediately after the attacks of September 11, Lakoff argues that President Bush quickly framed the attacks as a strong father would: It's about good versus evil, and we need to wipe out this evil even if people get hurt. While an earlier chapter admonishes progressives for ignoring the importance that nurturant parents place on protecting those that they are responsible for, in this discussion he argues that progressives should offer a frame on entirely different terms: "Justice is called for, not vengeance. Understanding and restraint is what is needed...we should not take innocent lives

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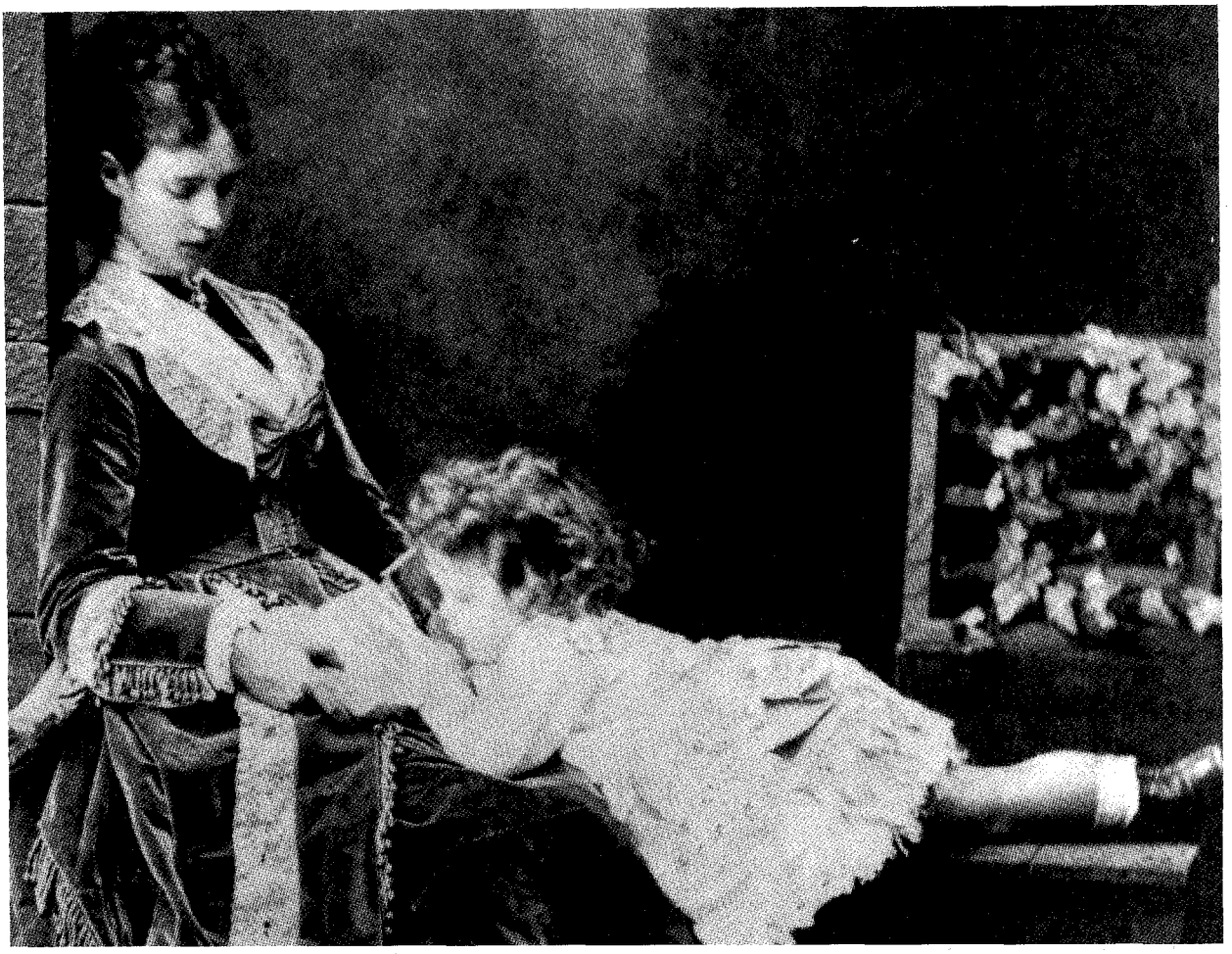

Does politics imitate family stereotypes? George Lakoff typecasts Democrats as "nurturant" mothers and Republicans as "strict" fathers.

Hulton Archive Images

in bringing the perpetrators to justice. Massive bombing of Afghanistan—with the killing of innocents—will show that we are no better than they."

If this is the type of advice Democrats are listening to, they will soon go the way of the Whigs and the Know-Nothings. To draw a moral equivalency between the invasion of Afghanistan and the attacks of September 11 between the United States and al Qaeda is disgusting. Beyond that, Lakoff's apparent view of the United States as a malevolent force in the world and the accompanying reluctance to use American power to ensure national security was as out of step with Americans' belief about themselves when it was propounded in the 1960s and 1970s as it is now.

Lakoff's progressive siblings in Berkeley—who, as Lakoff writes, were "proud" to have Barbara Lee as their congresswoman since she was the only member of Congress to vote against giving President Bush authorization to carry out the war on terrorism—represent neither the progressive tradition that shaped the Democratic Party of Wilson, Roosevelt, Truman, and Kennedy, nor the beliefs of a younger generation of Democrats who came of age in the era of Bill Clinton and are unobstructed by the ghosts of Vietnam. Not only is equating progressivism with pacifism a misreading of American history, it's also a losing political strategy in states red, blue, and purple.

Then again, Lakoff—like most of the liberal left—rejects the modernization of the party and of progressivism that Clinton helped lead in the 1990s. That is why he ascribes Gray Davis's recall from the governorship of California to his "bad mistake of accepting the Democratic Leadership Council's metaphor of campaigning as marketing" and just parroting back to the electorate popular stances on the top three issues and hoping for support. This analysis of the DLC and the New Democratic movement is not just a cheap shot, it's also utterly wrong. The DLC and New Democrats (myself included) consistently have argued against this pandering paint-by-numbers approach to politics, and have offered the most compelling counter-frame to the conservative one in a generation. In fact, Clinton was the master of doing exactly of what Lakoff says Democrats need to be doing now; he reframed the debates surrounding welfare, affirmative action, budget politics, Social Security—just to name a few.

No matter how much Lakoff and the left want to reject and misrepresent what Clinton and the New Democrats accomplished, its power is evident in *Don't Think of an Elephant.* At the end of his book, Lakoff unwittingly embraces the New Democratic public philosophy, offering a "10-word breakdown" of what progressives believe that could have come from the lips of Al From: "Stronger

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America, Broad Prosperity, Better Future, Effective Government, Mutual Responsibility." It's a shame that Lakoff is too preoccupied with justifying his own political biases to get the facts right, since his central argument—that a poll-driven, issues-based strategy is a non-starter—is valid and strong.

Therein lies the missed opportunity of this book. Throughout his essays, Lakoff offers up tidbits of useful advice to Democrats, from thinking strategically to warning that progressives need to explain to voters the values that inform their stances, not just the programs they promote.

Democrats need to hear this. Since the end of the Clinton administration, the party has reverted back to a politics of materialism in which it promises an assortment of constituencies whatever it is they want in order to build a coalition. This may work in a congressional or even gubernatorial race, but it does not work for national offices—such as for senator and president—where larger, symbolic issues of what America stands for and what it should become are at stake. This strategy defeats itself since it ultimately undermines the overall Democratic "brand," rendering the party label meaningless and the party's purpose obtuse. More than that, when a new issue arises—such as terrorism—it leaves the party without the intellectual framework to craft a compelling response.

Democrats looking for answers won't find them in the recycled New Left ideas printed, fittingly, on the chlorine-free recycled paper of *Don't Think of an Elephant*. Rather, Lakoff's book should serve as a wake-up call for Democrats to offer a vision that not only competes with the conservative one but is also positive, powerful, and appealing to Americans across the country—no matter if they are daddy's little girls or momma's boys.

Kenneth S. Baer, the author of *Reinventing Democrats: The Politics of Liberalism from Reagan to Clinton* (University Press of Kansas), is a former White House speechwriter and founder of Baer Communications.

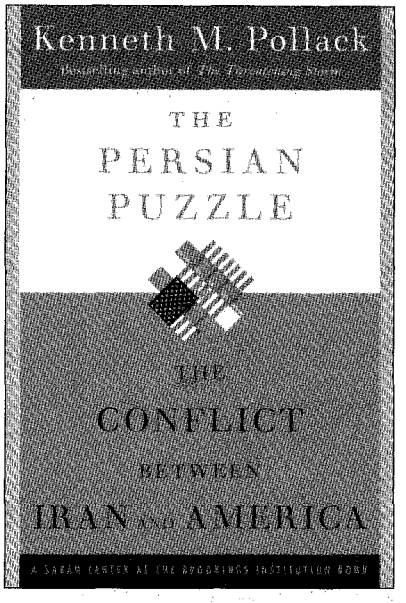
End Game

Democratic Iraq hawk Ken Pollack says our military can't stop Iran from going nuclear. And our diplomats don't have much chance either.

By Derek Chollet

As George W. Bush's second term in office begins, he faces an array of daunting foreign policy challenges, any one of which could consume his presidency entirely: 150,000 American troops fighting the insurgency in Iraq, with no end in sight; nearly 20,000 U.S. combat forces in Afghanistan; the war on terror with Osama bin Laden on the loose; North Korea's nuclear weapons program up and running; China's increasing military and economic power coupled with its efforts to expand its political influence throughout Asia and beyond; Russia's continuing backslide into authoritarianism and regional bullying; Israel's upcoming withdrawal from Gaza and a post-Arafat Palestinian leadership teetering on the brink of a full meltdown; and a U.S.-European relationship that is deeply poisoned and threatening to get worse. Meeting each of these challenges is critically important to America's national interest, and each will be difficult to manage, let alone solve.

But, as tough as all this seems, the country that should cause the most hand-wringing about our long-term security interests is Iran. The world's leading state sponsor of terrorism, Iran is a sworn enemy of the United States, and is committed to the annihilation of Israel. Iran's own Islamic revolution 26 years ago has served as a model and inspiration for Islamic extremists worldwide. This theocracy sits atop of one of the world's largest supplies of oil. It



The Persian Puzzle: The Conflict Between Iran and America
By Kenneth Pollack
Random House, $26.95

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has an abysmal human rights record. It aspires to play a greater regional role, especially in Iraq. It desperately wants an independent nuclear capability—which few doubt it intends to use for weapons—and has moved closer to doing so during the past four years. And to make matters worse, Iran presents a problem that defies easy solutions—for many years, it has been for Americans one of those challenges where a policy of drift looks better than any alternative.

Despite Iran's obvious but troubling importance, it is a country that most Americans, as well as most foreign policy specialists—including this one—really know little about. That's why I'm thankful for Kenneth Pollack's important and groundbreaking new book, *The Persian Puzzle*. By combining detailed history with rigorous policy analysis, and writing with refreshing clarity and zip, Pollack has given us the single best book on the U.S.-Iran relationship to date.

An Iranian voter studies an election banner.

Getty Images

Pollack is best known—and perhaps will forever be known—for his 2002 book on Iraq, *The Threatening Storm*, which famously made the case for U.S. military invasion. Many will read this new book in light of the old one, suspecting that, by opposing a full invasion of Iran, he may be trying to atone for his earlier position on Iraq. Perhaps. But Pollack tackles America's tangle with Iran on its own—in all its frustrating complexity—leaving a reader enlightened yet, given the stakes involved and the lack of attractive policy options available, also frightened.

Some historical background is necessary to understand the current struggle with Iran—especially because collective memories on both sides drive so much of the tension today. Most of Pollack's book is a very accessible survey of this story, starting from the beginning (literally) in the Ice Age, to the rise of Persia and Shia Islam, and then moving quickly through the rise and fall of Reza Shah Pahlavi, who was in many ways the founder of modern Iran. But the bulk of this history concerns U.S.-Iran relations during and after the reign of Reza Shah's son, Mohammed Reza Shah, under whose control Iran both developed and decayed, opening the door for the 1979 revolution and Ayatollah Khomeini's modern Islamist autocracy.

Pollack argues that, above all else, two events—the CIA-orchestrated 1953 coup of then-prime minister Mohammad Mosaddeq, and the 1979 takeover of the American embassy in Tehran by Islamic revolutionaries—are inextricably linked and define the U.S.-Iran relationship. Of course, this argument has been made before, and the story behind each episode has been told. But Pollack's depictions of both are worth reading closely—for his unvarnished assessments of American actions, as well as for his explanation of the implications of each event for the history that unfolded.

The 1953 Mosaddeq coup that reinstalled the Shah burned into Iran's collective psyche a simple but enduring idea: that the United States was a malevolent power determined to control Iran, and, therefore, Iran needed to develop the capacity to act independently. The 1979 embassy takeover—which Pollack describes as "an act of vengeance for the 1953 coup"—showed the Iranians and others that terrorism works, seeing the feckless U.S. response as a sign of weakness. And Americans learned the lesson that Iran was a country that should be isolated and occasionally punished, but never dealt with. Devising a solution to the Iran problem proved too difficult, and no American leader wanted to open himself to the charge of "coddling" the mullahs. As Pollack shows, from Reagan through George H.W. Bush and Clinton to President Bush today, the United States has tried to "wash our hands of the problem of Iran."

This position has never worked very well, but in today's world, it is completely untenable. As Pollack describes it, there are two clocks ticking in Iran. One is the clock of political transformation, led by reformers and Iran's youth movement, interested in deepening ties to

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Iranian policemen march during the annual military parade in a suburb of Tehran, Sept 21, 2004. The parade commemorates the start of the eight-year conflict between Iran and Iraq in the 1980s.

Getty Images

the West. Such deepening may eventually occur, Pollack argues, but no time soon, especially since the Iranian regime has been relatively successful at pursuing a "China model," combining a sliver of openness with repression that has, for now, reduced the pressure for change.

The other clock is that of Iran's nuclear program, which is ticking faster. Less than three years after Iran admitted to the International Atomic Energy Agency that it had been secretly developing technology that could be used to build nuclear weapons, Iran has been persuaded only to freeze these programs, not end them. This is, at best, a bandage—not a serious policy to end Iraq's nuclear ambitions. Conservative estimates have Iran's nuclear weapons clock going off in the next five to 10 years; some (like the Israelis) believe it could happen much sooner.

As both clocks tick along, Washington has to do more than wish them away. "Iran is on the wrong path and marching down it quickly," Pollack argues, and the United States does not have the luxury of pursuing a "purely passive" approach.

Yet what exactly should we do? Unfortunately, Pollack does not have an easy answer. He shows that many of the policies commonly talked about—from a "Grand Bargain" to solve the conflict, to targeted airstrikes, to regime change or a full military invasion—are either unworkable or not worth the costs involved. Instead, Pollack proposes a complex approach toward Iran that would place priority on dealing with its nuclear program, while also addressing other parts of the relationship, like Iran's support for terrorism and political and economic ties to the West. He urges the use of whatever leverage America and its allies have to modify Iran's behavior, such as carrots like expanded trade and WTO membership and sticks like greater economic and political isolation. And he calls for working toward closing the loopholes in the Nuclear Nonproliferation Treaty that allows countries like Iran to get as far as they have in developing nuclear capability legally—a smart idea worth another book on its own.

Pollack's proposal reflects tough pragmatism, but he is not optimistic about success. He is careful to describe his proposal as the "least bad option," questioning whether the Iranians really want or are capable of any deal at all. Given this, he argues that a key part of any new policy must be to rethink the containment of Iran and, ominously, to prepare for living with a nuclear Iran.

The trouble with all of this is that it demands a president and an administration prepared to get to work—and capable of working with allies—to solve the problem. So far, that is not something President Bush has shown much willingness to do. His administration has been too internally divided to do anything at all. Instead it has left it to the Europeans to handle Iran, which is an odd way to deal with such a critical threat to America's security interests. Once again, the Bush team is acting unilaterally—but rather than doing something alone, it is doing nothing alone.

This illustrates the point that many Bush critics—most recently Sen. John Kerry and former senator John Edwards during the presidential campaign—make about the costs of America's increasing isolation abroad. America doesn't pursue allies in order to win popularity contests or to make its citizens feel better. We do so in order to solve problems that cannot be solved alone. Using diplomacy, which puts us in a stronger position if we need to use force. As Pollack puts it, the decision about what to do about Iran "may be the ultimate test of America's leadership in the new era that is dawning." Such phrases have been written so often recently that they have become clichés. But if there's one conclusion to draw from Pollack's book, it is that while Iran has become one of the world's leading problems, the only way to solve this Persian puzzle is for the United States to lead the world.

Derek Chollet was foreign policy adviser to Sen. John Edwards from 2002-2004.

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Currying Favor

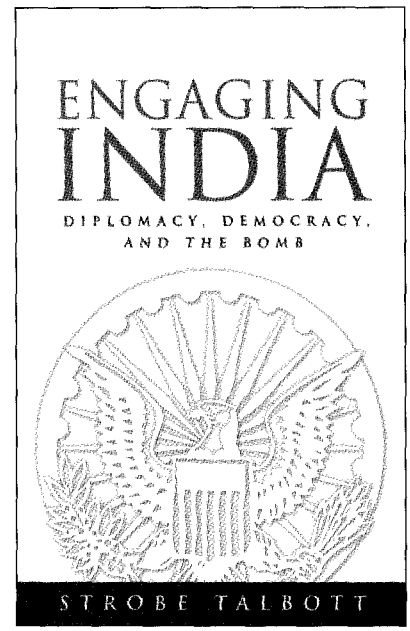
Forget about Iran—Strobe Talbott says we couldn't even keep our ally India from getting the bomb.

By Amy Waldman

Few foreign policy challenges are proving as daunting for the Bush administration as controlling entrance into the world's nuclear club. From Iran to North Korea, the administration finds itself awkwardly trying to stitch alliances and balance carrots and sticks to deter proliferators, all with limited success.

The extent of the challenge can be gauged by the difficulty we've had of keeping even non-hostile nations from acquiring nuclear weapons. In 1998, India conducted its first nuclear test. Two weeks later, Pakistan followed suit.

The tests triggered celebrations in both countries, suggesting that getting either to turn back was improbable, if not impossible. In an effort to put the genie back in the bottle, the Clinton administration entered into intense negotiations with India as part of a reengagement with a country that had been largely estranged from the United States during the Cold War, because of its close ties to the Soviet Union.



Engaging India: Diplomacy, Democracy and the Bomb
By Strobe Talbott
Brookings Institution Press, $27.95

The point man for that reengagement, former Deputy Secretary of State Strobe Talbott, has now written a book about the experience. Talbott argues that much good came from Clinton's effort. But his book also makes clear that a better relationship with a country is no guarantee that the United States will get what it wants.

Thanks in no small part to Bill Clinton's opening—capped by the President's rapturously received visit to India in 2000, the first by an American president in 22 years—America and India are on better terms today than at any time in the last 50 years. The reflexive anti-Americanism that was once pervasive here is gone, although vestiges remain. The American government takes India far more seriously as a potential strategic partner (and the American public takes it far more seriously as a potential economic power, thanks to the rise of outsourcing). American defense manufacturers are increasingly interested in India as a market, and top State Department officials are regular visitors.

But while Talbott makes a strong case that Clinton's presidency marked a "turning point" in U.S.-India relations, his book, *Engaging India*, is largely a narrative of failed diplomacy. Talbott's task was to persuade India to agree to four nonproliferation benchmarks, including the endorsement of the Comprehensive Test Ban Treaty (CTBT). His interlocutor in this effort was Jaswant Singh, then India's foreign minister, and in the end, Talbott acknowledges, "Jaswant Singh came closer to achieving his objective than I did to achieving mine."

India's 1998 nuclear test caught America completely off guard. Indeed, the State Department learned of the test from CNN, and the CIA learned about it from the State Department. It was, in the words of one official, a "bad government day."

Over the next two and a half years, Talbott and Singh—a former soldier who saw himself as a liberal democrat within the then ruling Hindu nationalist Bharatiya Janata Party—met 14 times in seven countries, and clearly struck up a warm

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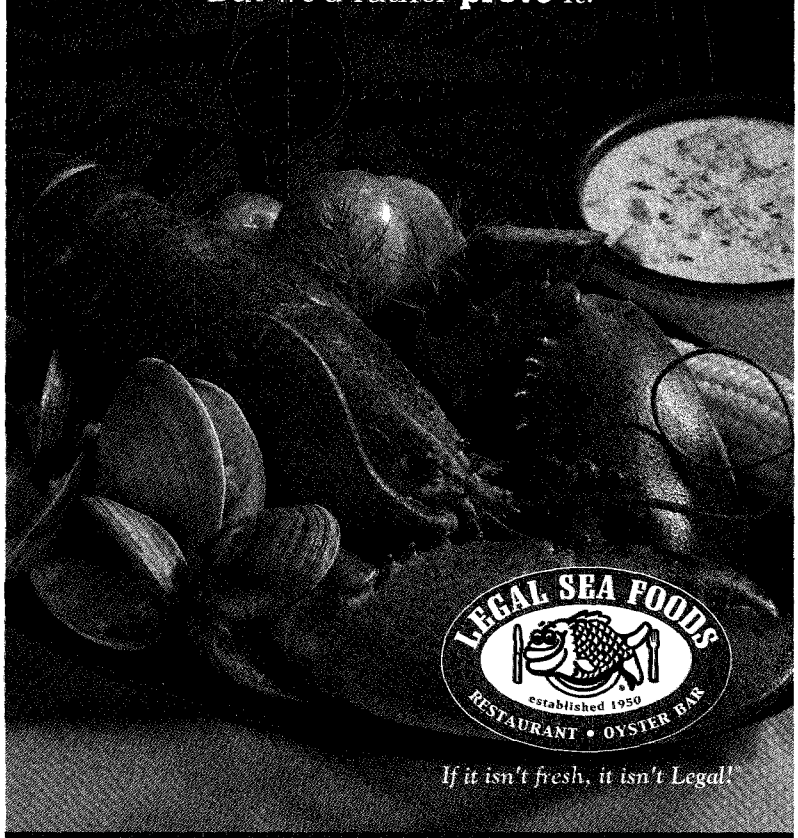

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friendship. (Talbott's description of that relationship contrasts sharply with the author's diplomatic rendering of the total lack of chemistry between Talbott's boss, Madeleine Albright, and Singh.) Their meetings form the narrative spine for the book. Singh continually makes vague assurances on the CTBT like, "At the end of the day, Strobe, you will not find us wanting." Of course, in the end Strobe did find them wanting, and so from an outsider's perspective, and admittedly with the benefit of hindsight, this looks as much like Indian strategy as good faith. The Indians simply figured they could wait out the United States, and that is exactly what happened. Singh was the "good cop" to the hardliners in his party.

Even if he had wanted to sign the treaty, Singh would have been waging an uphill battle from the start. The nuclear tests were popular in India, and not just among the ruling Hindu nationalists.

Talbott recounts futile efforts to garner support from Sonia Gandhi, leader of the opposition, in pushing for nuclear containment. In his book, Talbott reveals for the first time, that, in 1996, Clinton managed to dissuade then-prime minister Narasimha Rao from going forward with a nuclear test. Talbott's revelation led to news stories in India this year suggesting that Rao was weak for having caved to American pressure.

Clinton's own leverage with India was ultimately undermined in Washington. The GOP-controlled Senate refused to ratify the CTBT. The only concession India ever made was to agree to stricter export controls in return for coveted cooperation in space and other high technology commerce with the United States. Talbott paints this as a major victory since it is one of the four non-proliferation benchmarks the Clinton administration had pushed for, but it is arguably the least significant in curtailing India's nuclear program.

Talbott offers few insights on how to stop a country like India from acquiring nuclear weapons for what it sees as its own security needs. With a nuclear-armed China on one border and another neighbor, Pakistan, seeking these weapons, it is not hard to see why the Indians wanted to go nuclear—even though attainment of nuclear weapons has not done much to either deter those threats or increase the subcontinent's stability.

India has opposed both the CTBT and the Nuclear Non-Proliferation Treaty because it sees both as reflecting the efforts of nuclear powers like the United States to prevent others from joining the club. What Talbott saw as responsibility, the Indians saw as hegemony.

Ultimately, *Engaging India* makes clear that India wants to be engaged, but on its own terms, and those do not include compromising its nuclear program. While Talbott's recounting of his conversations with Singh partially helps explain why, in the end, this might have been a more valuable memoir had it been co-written with the sphinx-like Singh himself. The Indian position is represented here, but second-hand, and largely as it frustrates the American one. If these two countries are going to bridge their differences, it will require not just bilateral talks, but a bifocal view of history as well.

Amy Waldman covers the Indian subcontinent for *The New York Times*.

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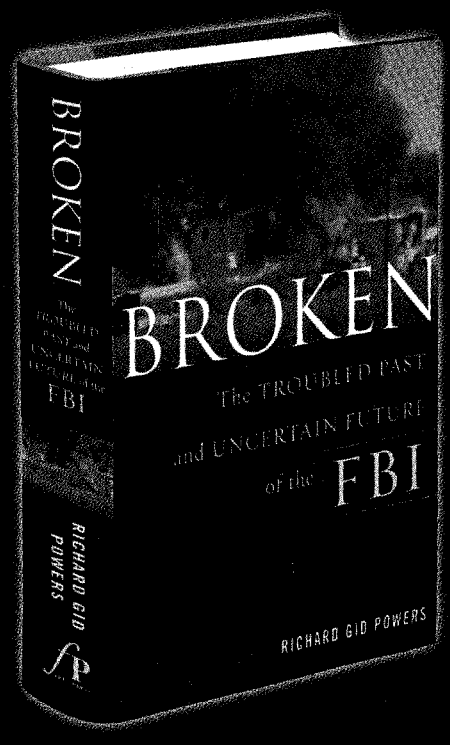

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